# Quality Self Study

#### 1. Program Structure and Personnel

#### **Introduction**

The way in which an early childhood program is structured is a reflection of the program philosophies and values. The structure and administration of the early childhood program determines what teachers will teach, how staff and families can participate in the program, what practices will be followed, and what outcomes will be expected for children and families. The administrative structure of the program sets the tone for how the program operates and for what purposes. Administrative practices are outward expressions of the care and thoughtfulness that promote the accomplishment of the program's mission and goals.

#### **Rationale**

#### A program that is carefully and thoughtfully structured will evidence:

- Written policies that are based on recommended early childhood practices related to staff and children.
- Written policies that are thorough yet responsive to changes suggested by staff and by families or other stakeholders in the early childhood program.
- Staff who are encouraged to grow through increased professional development, self-reflection, shared reflection with other staff and with families, and through administrative support.
- Effective use of varied resources outside the program to enhance the program and its operations.
- Program practices that are intentionally inclusive of all children and families and which reflect the diverse needs of children and families.
- Careful adherence to standards related to licensing, to federal and state laws, and to best practices defined in credible early childhood research documents.
- An environment that is thoughtfully created to maximize the growth and development of all children in consistent and observable ways.

#### Personnel within the program will evidence:

- Respect for children, families, and for other staff members.
- Motivation to continually grow as a team member and individually in knowledge and practice related to young children.
- A well-articulated understanding of why his/her interactions and teaching practices are good for children and families.
- An understanding of the overall shared vision and goals for the early childhood program including an understanding of ethical program practices.
- Competent adherence to program requirements, legal requirements, and professional recommended practices.

#### 1. Program Structure and Personnel

Standard 1.1: Employees have consistent written policies that provide guidance for expected workplace behavior and job performance feedback.

INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.1.1 There are written policies and procedures which define staff roles, responsibilities, and program practices to facilitate smooth operation of the program.	<ul> <li>There are written policies and procedures which include a staff grievance policy, and a copy is provided to each employee and available at each program site.</li> <li>There is a clear organizational chart that defines lines of responsibility.</li> <li>When programs are funded by more than one agency, lines of supervision (including building level supervisor) are jointly determined and are given in writing to all affected employees.</li> <li>There are written job descriptions given on employment for each position, including volunteers, which specify: qualifications, duties, schedules, and immediate supervisor.</li> <li>Staff are paid/commensurate with a salary schedule that reflects training and experience.</li> <li>Those policies and procedures which directly affect staff are explained in a staff orientation upon employment.</li> <li>Hiring practices and job description comply with Equal Employment Opportunity (EEO) guidelines and reflect community and program demographics.</li> <li>There are written descriptions of employment benefits that include, but are not limited to, descriptions of paid holidays, paid leave time, and health insurance benefits.</li> </ul>	MEI	PROCESS	MEI	

	INDICATOR	EVIDENCE		CONTINUUM	Л	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.1.2	Instructional and non-instructional staff are evaluated on performance.	<ul> <li>Staff are informed of the performance evaluation process and are given the evaluation component at the time of their employment. Receipt is documented with a signed acknowledgement by the employee.</li> <li>The evaluation for each position clearly reflects the job description and evaluates relevant skills (e.g., custodial staff are evaluated on building cleanliness, etc.; instructional staff are evaluated on classroom operations, communication with children and families, etc.)</li> <li>The evaluation includes direct observation of job performance and evidence of job commitment and dedication/professionalism (i.e., attendance, teamwork, communication skills.)</li> <li>Staff evaluation takes place at least twice yearly, and the results are discussed with the employee. The original evaluation with the employee's signature and written reply are placed in the personnel file. Staff are given a copy of their evaluations.</li> <li>The evaluation is based on multiple observations.</li> <li>The evaluation is based on adherence to exemplary principles of ethical conduct.</li> <li>Staff complete self-evaluations annually and results are reflected in their professional development plans.</li> <li>Staff participate annually in program evaluation, and when appropriate, employee's ideas are incorporated into the program.</li> <li>Evaluation includes evidence related to completion of he</li> </ul>	MET	PROCESS	MET	accompanying //Caon / Iani)
		<ul> <li>Evaluation includes evidence related to completion of the staff development plan.</li> <li>Evaluation results are used to plan staff training in areas of identified need.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.1.3	There is a written orientation plan and material on file for orientation of support staff which is completed in the first ninety (90) days of employment.	<ul> <li>All staff who have direct contact with children, including principal, speech therapist, physical and occupational therapists, bus drivers, bus assistants, custodians, and food service staff are given at least one orientation on program philosophy and operation, copies of written program policies and procedures, and understand individual responsibilities related to transition into and out of the program.</li> <li>Orientation is provided for everyone on the substitute list, including teachers, aides, bus drivers and driver assistants.</li> <li>More than one session of orientation/inservice is provided to all staff who have contact with children.</li> <li>At least one orientation session includes a tour and explanation of the classroom.</li> </ul>				
1.1.4	The program has a written plan of staff development which defines at least the nature and extent of training planned for the current year. Training should expand relevant staff skills and facilitate advancement on a career lattice.	<ul> <li>Training is directly related to early childhood, the age group the staff person serves, and to the defined goals of the program, including those required by state and/or federal guidelines.</li> <li>Documentation is available to show that training occurred to fulfill the staff development plan.</li> <li>Teaching staff has input into the training plan (e.g., needs survey, self-evaluation, checklist).</li> <li>Additional professional development is added to the schedule as the opportunity arises and according to ongoing or newly identified needs.</li> <li>Local staff participates in training provided by a credentialed trainer/facilitator.</li> <li>Staff members are members of/active in related professional organizations.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
(Continued)  1.1.4 The program has a written of staff development which defines at least the nature extent of training planned the current year. Training should expand relevant stands and facilitate advancement on a career lattice.	needs (i.e., scholarship program, Regional Training Centers (RTC), Child Care Resource and Referral Agencies (CCR&Rs)).  • All staff are encouraged to obtain a General Education				

#### 1. Program Structure and Personnel

Standard 2: All staff have education, credentials, and experience sufficient to perform their job duties at increasing levels of competence.

INDICATOR	EVIDENCE		CONTINUUM	M.	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.2.1 The director of the program has education (e.g., child development or early childhood special education) or experience sufficient to provide appropriate leadership to the program.	<ul> <li>The director has experience in early childhood education.</li> <li>The director has training and experience in staff supervision and program management.</li> <li>The director attends ongoing training in early childhood/program administration for at least 24 clock hours per year. (Part of training hours should be devoted to administration.)</li> <li>The director holds a degree or credential in early childhood or related area, such as child development or special education.</li> <li>The director provides instructional leadership to staff, beyond supervision of program operations, e.g., assists in curriculum planning, transition planning and implementation, staff-child interactions, and adult interactions.</li> <li>The on-site supervisor holds a degree or credential in early childhood or related area, such as child development or special education.</li> <li>The director, if non-degreed, seeks increased training (above annual requirements) and levels of credentials.</li> <li>The director models behaviors consistent with the philosophies and goals of the program.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINNU	M	ACTION PLAN
			1	2	3	(Any indicator that has not been
			NOT	IN	FULLY	fully met (3) should have an
			MET	PROCESS	MET	accompanying Action Plan)
1.2.2	Each classroom has a teacher certified in early childhood, through a degree or credential (CDA, CCCC, AA, BS) or demonstrated competence through specific early childhood training and performance based evaluation.	<ul> <li>Any non-certified teacher has direct supervision by a person with IECE or CDA or Directors Credential or college—level degree in early childhood or related field.</li> <li>All teachers and assistant teachers and instructional aides who are non-certified in early childhood have a minimum of a Commonwealth Child Care Credential, or are working toward a Commonwealth Child Care Credential or CDA or higher credential.</li> <li>All instructional staff maintain professional development records which are updated at least annually as new or improved skills and strategies are developed (i.e., CEUs or training certificate, professional growth plan, awards or recognition documents.)</li> </ul>				
1.2.3	All staff who work directly with children have a high school diploma or GED, or are actively working toward a diploma or GED.	<ul> <li>Documentation is on file of each staff member's qualifications and education.</li> <li>Volunteers and parents are encouraged to get a GED through linkage to adult education and/or literacy programs.</li> <li>The program provides assistance to staff, volunteers and/or parents, in obtaining a GED.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINNU	М	ACTION PLAN
	2.2.2.2.2	2,22,02	1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.2.4	Transportation staff meets state requirements (when transportation is provided by the program).	<ul> <li>Driving records are checked before employment.</li> <li>All bus drivers have a commercial driver's license and receive the driver training provided according to state requirements.</li> <li>The driver assistants are at least 18 years of age and trained to assist in the transportation of young children, according to state requirements.</li> <li>The driver and assistants are trained in Child CPR, First Aid, and transition adjustments/strategies in helping children to learn appropriate behaviors during transport.</li> <li>The driver assistants have specific training in child development and managing young children.</li> <li>The driver assistants receive training in activities to occur on bus, such as language development, songs, fingerplays, etc.</li> <li>The driver assistants coordinate with instructional staff to provide reinforcement of school activities.</li> <li>Transportation provided with safety provisions such as booster seats, car seats, and seat belts as appropriate to age, size, and needs of child and as required by law.</li> </ul>				
1.2.5	The director provides program leadership that includes planned progress toward continuous improvement.	<ul> <li>Program improvement adheres to standards as defined by the STARS for KIDS NOW Child Care Quality Rating System, the applicable Early Childhood Rating Scales, the Early Childhood Quality Self Study, and/or program accreditation.</li> <li>Each staff person, including the director, develops and carries out a personal professional development plan.</li> </ul>				

#### 1. Program Structure and Personnel

Standard 3: The program has systems in place to ensure efficient and effective daily operations that maximize the use of available resources.

	INDICATOR	EVIDENCE		CONTINUUM	I	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.3.1	The director ensures compliance with licensing regulations and/or all laws and regulations that govern and apply to the setting or program.	The director plans and implements any corrections needed due to licensing deficiencies or program reviews.				
1.3.2	Staff records are maintained at a designated site in a manner to ensure confidentiality of information.	<ul> <li>Every employee and regular volunteers have on file, but are not limited to:         <ul> <li>A criminal record check.</li> <li>Current tuberculosis test.</li> <li>Child CPR and First Aid certification.</li> <li>Emergency contact.</li> </ul> </li> <li>Pre-employment physical/medical exam that includes information that designates any limitations or restrictions that may be relevant to the job.</li> <li>Staff records relevant to state regulatory compliance, to compliance with STARS for KIDS NOW requirements, and other records pertinent to program operation and job performance are stored on site.</li> </ul>				
1.3.3	The program has a resource group to advise and participate in program planning (i.e., an advisory board, parent group, community agency group).	<ul> <li>Resource group includes/invites participation by personnel from "next" settings where children in program may transition (i.e., child care programs, public schools, Head Start, etc.)</li> <li>Advisory board minutes are on file.</li> <li>As appropriate, state and federal reports are made available to the advisory board.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
			1	2	3	(Any indicator that has not been
			NOT MET	IN PROCESS	FULLY MET	fully met (3) should have an accompanying Action Plan)
<b>Contin</b> 1.3.3	The program has a resource group to advise and participate in program planning (i.e., an advisory board, parent group, community agency group).	<ul> <li>Resource group and/or program administrators elicit program evaluation information at least annually from consumers of the program services. Evaluation information is used to inform program planning and improvement.</li> <li>Resource group and program administrators use research-based information in early childhood to inform program planning about best practices for children in early childhood programs.</li> </ul>				
1.3.4	A system is in place to track budget expenditures in all appropriate categories.	<ul> <li>All funds are expended according to the approved budget plan and can be documented with records and receipts.</li> <li>Money received for special needs students is spent on additional services or program support (e.g., Part B, Title 1) and can be documented through receipts and records.</li> <li>An independent audit is completed yearly.</li> <li>Audit and budget reports are made available to the advisory board or other oversight entities as appropriate.</li> <li>Program costs (e.g., per child costs, transportation) are reviewed at least yearly to determine cost effectiveness.</li> </ul>				
		<ul> <li>On-site staff provide input into budgetary decisions that have programmatic implications, such as purchase of classroom materials.</li> <li>Other funding community resources (local funds, donations, grants etc.) are used to help support the program, reflecting partnerships for young children and their families.</li> <li>Budget records are maintained on site for a period of time as required by program policy/procedures.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.3.5	Administrator ensures that staff-to-child ratios and maximum group sizes provide sufficient adult ratios for safety and learning and are at least at levels defined by the appropriate program regulation.	<ul> <li>A staff person is with children at all times.</li> <li>Adult to child ratios are maintained during all program functions including meals, outside time, music, etc.</li> <li>The adult to child ratio in groups is adjusted for children with special needs.</li> </ul>				
1.3.6	Administrators implement appropriate measures to ensure the health and safety of children during program operation through written policies and procedures and through appropriate staff training.	<ul> <li>Written check-in and checkout procedures are followed for children not using school transport.</li> <li>There is a written plan for medical emergencies.</li> <li>Toys that are mouthed by children are sterilized daily.</li> <li>Maintenance check of outdoor play environment is conducted weekly and is on file.</li> </ul>				
1.3.7	Administrators ensure that when transportation is provided, appropriate safety precautions are taken.	<ul> <li>Vehicles used in transporting children are appropriately licensed, inspected and maintained.</li> <li>When buses are especially designed for preschool, children will use the age-appropriate restraining devices.</li> <li>There is a written policy and procedure outlining the course of action taken when a child cannot be delivered to an authorized person.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
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				NOT	IN	FULLY	fully met (3) should have an
				MET	PROCESS	MET	accompanying Action Plan)
1.3.8	The program has written	•	Documents are signed and on file.				
	cooperative agreements or contracts with early	•	All staff are made aware of interagency agreements and contracts as appropriate to their job descriptions.				
	intervention and preschool programs within the service area.	•	Children who do not fit program referral criteria are referred to other appropriate programs with the permission and guidance of the child's family.				
		•	As appropriate, staff may attend trainings scheduled by other programs.				
		•	There is a written transition plan between/among agencies that serve young children in the community with special emphasis on entry and exit of the program.				
		•	Program placement decisions are based on family preferences and input, child and family schedules and needs, and serve the child in the least restrictive natural environment.				

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Standard 4: The program collaborates with other resource entities in the community in order to enrich the program and the community.

INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.4.1 There is a systematic plan for volunteers to assist in the classroom.	<ul> <li>Written materials on program philosophy/operation and volunteers' duties are available to all potential volunteers.</li> <li>Planned, periodic orientation is provided for volunteers.</li> <li>Volunteers are recruited from a variety of sources (parents, retirees, community groups, etc.)</li> <li>Volunteers are recognized for contributions.</li> <li>Written records are kept of volunteer contributions (i.e., hours worked, training attended).</li> <li>Volunteer(s) are provided with personal identification badges.</li> <li>Training/professional development for teachers is also available to volunteers when possible.</li> <li>Volunteers who work with children have TB test results, criminal records check, and emergency contact information on file.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN  (Any indicator that has not been fully met (3) should have an accompanying Action Plan)
			1 NOT MET	2 IN PROCESS	3 FULLY MET	
1.4.2	Sufficient current professional resources are available to all staff and are used to guide and improve program practices.	Staff are made aware of and are given opportunities to use, resources such as:         - the internet         - First Steps libraries         - Child Care Resource and Referral libraries         - Regional Training Center libraries         - Regional Training Center libraries          - The director subscribes at least one professional journal and makes the journal available to staff.          - Staff are provided with a list of personnel to obtain technical assistance and or consultation regarding early childhood development.          - Professional development opportunities are posted.				
1.4.3	The comprehensive needs of children are met through collaborative efforts with community health and social service agencies.	<ul> <li>Information is made available to families about community resources and services.</li> <li>Staff assists parents in coordinating interagency services.</li> <li>Staff receives appropriate training and information about available public and community services for families.</li> <li>Referrals are made to ensure that children's nutritional requirements are met through collaboration with other agencies, (e.g., WIC, community food programs, churches, food banks) when necessary.</li> <li>Families can combine services of cooperating agencies for child care for full day/full year as needed.</li> <li>There are planned, periodic meetings (at least quarterly) with representatives of all agencies that serve early intervention and preschool children and families.</li> <li>The director or other program staff serves as an active member in local interagency groups.</li> <li>The program ensures appropriate nutrition for children during hours of program operation through</li> </ul>				

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Standard 5: The program provides services that are inclusive of all children and is accountable for documenting and evaluating those services in accordance with state and federal laws and regulations and with program philosophy.

	INDICATOR	EVIDENCE		CONTINU	UM	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.5.1	Program administrator ensures participation in child find activities in order to identify children needing further evaluation.	<ul> <li>Parents are notified in their primary language of the right to participate in the program.</li> <li>Parents are provided with information on other programs for which their children are eligible.</li> <li>Copies of print media used are on file.</li> <li>The program cooperates in multi-agency recruitment efforts to provide enrollment opportunities to all children in one or more of the programs available in the community.</li> <li>There are joint program registration procedures that allow families to match needs to appropriate services, with a goal of 100% of eligible children enrolled.</li> <li>A follow-up survey for parents of eligible, but unserved children is conducted to determine why the children were not enrolled.</li> <li>Recruitment/enrollment efforts are ongoing.</li> <li>Community recruitment efforts address difficult to reach populations such as migrant, homeless, and transient families.</li> </ul>				
1.5.2	Program administrator defines and informs staff of procedures for identifying and referring children with suspected or known disabilities according to the Individuals with Disabilities Education Act (IDEA).	<ul> <li>Infants and toddlers (birth to three) suspected of having a disability are promptly referred to First Steps Points of Entry (POE).</li> <li>After referral of an infant or toddler to First Steps, the program staff coordinate with the POE in planning for the child.</li> <li>Preschool children suspected of having a disability are promptly referred to the local Director of Special Education in the public school district where the child resides.</li> <li>After referral of a preschool child (age 3 or over) to the public school district the program staff coordinate with the appropriate personnel to plan for the child.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUU	M	ACTION PLAN
	2.020.201			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.5.3	All enrollment documentation required by the program and by regulation is on file for each enrolled child.	•	The program should not ask for unnecessary documents. Assist program staff and families to meet time requirements for complying with regulations.				
1.5.4	Records are on file to document the children's progress in the classroom.	•	The records selected for inclusion should be based on the curriculum in use and the child's individual goals. The Individual Education Plan or Individuals Family Service Plan (IEP & IFSP) is on file with the teacher as well as in a central location and is used as a working document from which to plan the child's program. Teachers and parents write anecdotal notes based on observations of the child and these are included in the child's records.  Ongoing progress records/portfolios are on file that include samples of the child's work and teacher observations.  A contact log is maintained for each child which notes the date of contact, the purpose of the contact, and the person initiating the interaction.  Assessment and/or screening results are on file for each child.  Referrals to appropriate agencies are on file when applicable.				
1.5.5	Evaluation and assessment information and recommendations are shared with all people involved with the education and care of the child (with appropriate consents in place) in order to meet the individual needs in all environments.	•	Evaluation and assessment information is shared, as needed, with: - Parents/Guardians - Child care providers - Related services therapists and - Public school teachers.				

	INDICATOR		EVIDENCE		CONTINUU	J <b>M</b>	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.5.6	Administrators ensure that modifications are made in the environment, program, and schedule so that children with disabilities can participate in most activities with their peers.	•	Entries and exits are accessible.  All program space is accessible including playground, restrooms, classroom, learning spaces, and eating space.  Adaptive equipment is available and individualized to promote independence.  Schedule is adjusted to meet individual needs regarding length of program day, length of individual activities, and learning needs of each child.				
1.5.7	Administrator ensures that due process procedures are made available by the program to the parents/guardians of children with disabilities.	•	Prior to entry and exit of program, transition planning occurs with specific actions to support staff, family, and child.  Prior to initiation of special education/related services, rights are explained to parents in language they understand.  Families and teachers have the opportunity to learn about federal and state regulations regarding education services for special needs children and transition legal requirements via brochures, videotapes and/or parent meetings.				
1.5.8	The Individual Family Service Plan (IFSP) and/or Individual Education Program (IEP) for children with disabilities is ongoing, individualized, and meets regulations.	•	The IFSP/IEP meets federal and state guidelines. The family is actively involved in the writing the IFSP/IEP. When a child transitions or transfers to or from another program, the previous teacher is invited to the IFSP/IEP meeting.				

	INDICATOR		EVIDENCE		CONTINU	UM	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.5.9	Administrators ensure that there is more than one program option available for children with disabilities.	• O pl	dervice delivery options for a child are determined by dimissions and release committee and are offered in the east restrictive environment and, where possible in the latural environment with typically developing peers. Placement options include but are not limited to:  - Preschool class (mainstream or special, Head Start and/or LEA and/or private)  - Home-based program  - Parent-child program at a center  - Combined home and center (dual enrollment in two programs)  - Itinerant services provided in another program and  - Child care program  Options include length of school day or week as well as placement.  For children just entering a center-based program, options may include a phase-in to the classroom setting.				

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Standard 6: The work environment is conducive to adult comfort and considers adult personal needs.

	INDICATOR	EVIDENCE		CONTINUL	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.6.1	Administrator ensures that there are provisions for meeting the personal needs of staff.	<ul> <li>Staff have storage for personal belongings and adequate file space.</li> <li>Adult-size furniture is provided in an area away from the children which can be used for breaks and/or conferences.</li> <li>Breaks are given at least twice daily.</li> <li>There is a separate adult bathroom.</li> </ul>				
1.6.2	Administrator promotes work environment that establishes and maintains co-worker relationships of trust, respect, and cooperation.	<ul> <li>The program recognizes professional achievement of coworkers.</li> <li>The administrator ensures that staff does not participate in any form of discrimination.</li> <li>The administrator encourages sharing of information and resources among coworkers.</li> </ul>				

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Standard 7: The program administrator models and encourages professionalism and effective leadership to the staff and within the early childhood community.

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
1.7.1	The director identifies and adheres to high ethical and professional standards.	<ul> <li>The director can articulate a personal philosophy of early childhood that is used to guide and direct program planning and that is based on research and accepted quality standards.</li> <li>The director can articulate a code of ethical standards by which to guide program decisions.</li> </ul>				
1.7.2	The director actively participates in professional activities at the local, state, and national level.	<ul> <li>The director mentors new or developing professionals in early childhood.</li> <li>The director is a member of local, state, or national professional organizations.</li> </ul>				
1.7.3	The director provides leadership to staff to reflect on and apply current research findings to improve teaching and program practices.	<ul> <li>The director can identify current trends in early childhood education.</li> <li>The director assists staff in the application of research findings in daily program and lesson planning to encourage staff to understand <i>why</i> they are engaging in quality practices and to encourage children's optimal growth and development.</li> </ul>				

#### 2. Child Experiences in the Environment

Standard 1: The physical facility provides a well- lit, well-maintained, safe space large enough for children to engage in developmentally appropriate activities.

	INDICATOR	EVIDENCE		CONTINUUM	[	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.1.1	There is a minimum of 35 square feet of floor space per child exclusive of toilets and storage areas allowing children and adults to move around freely.	Any piece of equipment or furnishing containing teacher/staff supplies and materials, not intended for accessibility by children will be considered storage (i.e., things stored on top of low shelving).				
2.1.2	Space for play is clutter free for infants and toddlers.	Infants and Toddlers have space to move freely exclusive of cribs and routine care furnishings.				
2.1.3	The facility including all indoor and outdoor space is smoke free.					
2.1.4	Exposed electrical cords are covered.	Cords are out of sight and reach of children.				
2.1.5	Natural and artificial light are sufficient for each activity.	Interest areas such as books, science and nature have natural lighting.				
2.1.6	Controls for natural and artificial light are located within the classroom.					
2.1.7	Individual classrooms contain windows where children can easily view the outdoors.	Windows are at child eye level.				
2.1.8	Facility and classroom entry/exits are controlled for the safety of all children.	Entry access is controlled. A buzzer or bell sounds each time the classroom door is opened.				

	INDICATOR	EVIDENCE		CONTINUUM	ſ	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.1.9	There are two exits from each classroom and each building location utilized by children.	<ul> <li>Doorways are at least 32 inches wide.</li> <li>Door handles are operable with limited use of hands.</li> <li>Entrance door threshold is ½ inch high or less; and if over ¼ inch is beveled to facilitate disability access.</li> <li>There is at least one door and one operable window within each classroom.</li> <li>Windows to be used for fire exits are inside classroom space.</li> <li>Fire exit windows are at least 38 inches wide and 30 inches high.</li> <li>The minimum width of any path of egress is at least 36 inches wide (i.e., hall and exit of facility).</li> </ul>				
2.1.10	Thermostat and control of windows is located within individual classrooms.	<ul> <li>A temperature of 65°F-75°F is maintained during winter months.</li> <li>A temperature of 68°F-82°F is maintained during summer months.</li> <li>Space heaters and/or electric floor fans are never used.</li> </ul>				

#### 2. Child Experiences in the Environment

Standard 2: The available space in the indoor learning environment is safe and healthy and is arranged to facilitate active learning by all children.

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.2.1	All areas of the room can be observed by an adult at any given time.	There are no hidden or difficult corner areas where children cannot be observed.				
2.2.2	At least five (5) spacious concept learning center areas are clearly defined and within those centers math, science, and literacy concepts are integrated.	Examples of learning areas are: Books     (Language/Reading), Fine Motor, Arts and Crafts,     Music/Movement, Blocks and Construction,     Sand/Water, Dramatic Play/Theater, Nature/Science,     Math/Number/Reasoning, Active Physical Play (Gross Motor Play).				
2.2.3	Area furnishings and materials are labeled with words and pictures easily understood by children.	Labels may include magazine pictures or photos of the toys, outlines of shapes and words accompanying each.				
2.2.4	There are clear pathways to accommodate wheelchairs, walkers, canes, and crutches as needed.	Traffic patterns of the classroom allow mobility devices used to easily clear shelving and toys.				
2.2.5	Noisy centers, such as blocks, are separated from quiet areas, such as library or book corner by using physical space and/or furnishings.	Physical space and/or shelving separates noisy areas (dramatic play/theater) from quiet areas (books).				
2.2.6	Noisy centers contain some sound cushioning materials, such as carpets or rugs.	Other sound absorbing materials include cloth, cork boards, wall hangings, bean bag chairs, soft furnishings, etc.				

	INDICATOR		EVIDENCE		CONTINUUM	[	ACTION PLAN	
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)	
2.2.7	There are some quiet and cozy areas which contain soft materials such as cushions, pillows, or beanbags that can be easily washed or sanitized.	•	Quiet/cozy areas could be incorporated into the areas for books, dramatic play, or listening.					
2.2.8	There are quiet spaces accessible at all times for a child to be alone, if (s)he chooses.	•	A cozy area is a clearly defined space with a substantial amount of softness where children may lounge, day dream, read, or play quietly.					
2.2.9	Space is available for children and adults to gather comfortably in a group for singing and movement activities and story reading.	•	Space can have dual use when large group activity is finished.					
2.2.10	Large group (circle time) area has a designated space and the children know where it is. (This space has dual purposes.)	•	Large group activities may take place in the block area or other area needing limited movement of furnishings.					
2.2.11	All equipment, furnishings and materials used by children are child-sized, individually appropriate and include adaptations for inclusion of children with disabilities.	•	Child-sized means furniture is the right size for children in care. For chairs, children's feet must rest on the floor when seated. For tables, children's knees should be able to fit under the table and elbows above the table. At least 75% of the children in care are able to use child-sized furniture.					
2.2.12	Appropriate equipment is provided for all children including those with disabilities.	•	Adaptive chairs or bolsters are available for children with physical disabilities.					

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.2.13	All teacher only materials are stored neatly, out of reach and view of children.	<ul> <li>Teacher has accessible cabinets or high shelves that are inaccessible to children.</li> <li>Designated teacher only supplies must be stored out of sight and reach of children.</li> </ul>				
2.2.14	All furnishings in children's play space are used with and by children.	There are no adult desks located in the play space.				
2.2.15	Individual cubbies at children's height are used for storing clothing and personal possessions.	Coat hooks are spaced so that coats do not touch each other.				
2.2.16	In setting where rest is part of the schedule, children's bedding is kept separated from other children's bedding.	All bedding should be stored in such a manner that discourages cross contamination – bedding does not touch other bedding.				
2.2.17	All learning materials not in use are stored unseen.	Games and/or toys used for rotation purposes are stored on high shelf or behind closed doors.				
2.2.18	Play spaces, play equipment, and materials are accessible to all children.	<ul> <li>Sand and water table is raised to accommodate wheel chair, etc.</li> <li>Child using special chair can sit at table with other children.</li> </ul>				
2.2.19	By making accommodations, adapting activities, and using other strategies all children are integrated socially into the life of the program and are able to participate in all activities.	<ul> <li>Activity plans make note of how activities are adapted for any child who may need to participate in a different way.</li> <li>Adult assistance is available to any child who may need such assistance.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUUM	I	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.2.20	Mats/cots are placed for easy access (inside classroom space) in settings where rest is part of schedule.	•	Staff does not have to leave classroom to retrieve mats or cots for nap time.				
2.2.21	Furnishings and space for storing mats/cots are not included in 35 square feet per child minimum space requirement.						
2.2.22	In settings where rest is part of the schedule, mats, cribs, and cots are spaced at least 3 feet apart for napping unless separated by a solid non-porous barrier.						
2.2.23	There is at least one crib on wheels located in each infant room.	•	Wheeled crib shall be used in case of emergency (fire).				

#### 2. Child Experiences in the Environment

Standard 3: Learning centers provide hands-on activities with real materials, e.g., actual objects interspersed with toy representations.

	INDICATOR	EVIDENCE		CONTINUUM	ſ	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.3.1	A range of tasks of varying difficulty is provided.	All interest centers provide materials of varying difficulty, e.g., pegged puzzles and flat puzzles.				
2.3.2	At least five learning centers are available to children.	Check all presently used in the room:				
2.3.3	On a weekly basis, staff rotate 3-5 materials that promote discovery and problem solving.	Materials include blocks, dramatic play, science/nature, fine motor art supplies.				
2.3.4	A balance of realistic and pretend toy materials are available in learning center areas.	<ul> <li>A child-size hammer made of wood and steel is used rather than plastic hammer.</li> <li>Realistic materials might include real pots and pans with lids, a tree stump with hammer and roofing nails, and real food packages.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUUM	I	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.3.5	Additional materials are added to centers to reinforce concepts introduced during class activities.	•	When using thematic standards-based units or curriculums, materials are added to interest centers to reflect and enhance children's experiences with the themes.				
2.3.6	Each learning center contains materials that represent and/or promote cultural diversity.	•	Materials in interest centers reflect at least one of the following: age variations, ability variations, non-traditional gender roles, race or culture variations. The above diversity is reflected in each of the following: pictures and photos displayed, books, puzzles, games, dolls, play people, puppets, music tapes/CDs, videos and computer software.				
2.3.7	Children are allowed to use materials from one center to extend play in another center, as long as the materials are used in a safe manner and are returned when the child is finished.	•	A wrench from the construction center may be used to "fix" something in the dramatic play area.				
2.3.8	Age-appropriate risk taking is supported by program adults while simultaneously using safe boundaries.	•	Child sized safety goggles are worn while using real tools in the construction center.				

#### 2. Child Experiences in the Environment

Standard 4: Space for safety and privacy is protected.

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.4.1	Children's confidential records are kept in a locked file accessible to caregiver.	Emergency information for each child is kept in a consistent place in the classroom and in locked central file.				
2.4.2	A locked cabinet for storing cleaning supplies and other potentially unsafe materials is inaccessible to children.	A storage cabinet is located within the classroom where cleaning supplies are stored and marked "Keep out of reach of children" are kept under lock.				
2.4.3	Individual, convenient storage with security provisions for personal belongings is available for staff.	Locked storage is available in adult-only area.				
2.4.4	A locked cabinet is available for storing personal items belonging to volunteers.	Locked storage in the office is easily observable by staff.				
2.4.5	Space is provided outside the classroom for staff breaks.	Indoor space with adult furnishings is designated for staff use only.				
2.4.6	There is a separate adult bathroom.	Adult bathroom is separate from child bathroom areas.				
2.4.7	A space with adult sized chairs is available for teacher planning, parent groups, family conferences. staff/parent confidential conversations, or staff development activities.	Space can have a dual use.				

#### 2. Child Experiences in the Environment

Standard 5: The use of wall space for child related display reflects the competency and creativity of the children without being cluttered, stereotypic, or over stimulating.

	INDICATOR		EVIDENCE		CONTINUUM	I	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.5.1	Children's work predominates. Teacher-created displays are limited and relate to topics of current interest or focus.	•	Individual, creative art (use of multiple mediums) done by children is attractively displayed. There is limited use of teacher-directed projects that use a model, or pre-cut, pre-designed pieces or patterns.				
2.5.2	Children's art work and project materials are exhibited at a level where <u>all</u> children can easily view those materials.	•	Children's art work is displayed at child eye-level.				
2.5.3	An awareness of diversity among individuals in terms of culture, race, family structure and job roles is reflected in other materials such as posters or pictures.	•	Props representing diversity are included in various learning centers (i.e., different races of dolls in dramatic play, play people with varying abilities in blocks area, non-sexist role posters/pictures).				
2.5.4	Much of the display relates closely to current activities and children in group (much = 50% or more).	•	Display reflects current children in the program and current activities in the classroom. Display may also include pictures, photos, etc. of new family members, transitioning to a new environment, or upcoming field trips.				
2.5.5	Displays are balanced with blank wall space.	•	A ratio of 2:1 covered to uncovered wall space is maintained.				
2.5.6	Materials are added or display is changed at least 2 times per month.	•	Pictures, posters, or other display corresponds to activities or themes presented.				
2.5.7	All teaching displays are at child's eye level.	•	Posters of the alphabet, numbers, shapes and colors, are displayed at appropriate heights.				

#### 2. Child Experiences in the Environment

Standard 6: A sufficient quantity of appropriately-sized furniture in good repair is provided for routine care and play.

	INDICATOR	EVIDENCE			CONTINUUM	1	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.6.1	All furniture is sturdy and in good repair.	•	All legs on tables and chairs are sturdy. All doors or drawers are sturdy.				
2.6.2	There are no individual school desks in use by children.	•	Small group tables accommodating 2 – 4 children are used and placed in interest areas.				
2.6.3	All seating is incorporated into the learning centers.	•	Learning activities requiring table seating take place at the seating located in the learning centers.				
2.6.4	Each child has an assigned "cubby" labeled with words and pictures for storing personal belongings.	•	Space should allow room for "take home" materials as well as seasonal clothing as needed.				
2.6.5	There are enough child-sized chairs and tables to seat all children for events such as family-style snacks or meals.	•	Seating for infant and toddler could also include high chairs.				
2.6.6	There are sufficient low shelves so that learning materials are stored uncluttered and accessible to all children.	•	Shelves contain labeled, see through bins into which materials are sorted.				
2.6.7	Sand/water sensory tables are adapted to accommodate children with disabilities.	•	Children with disabilities play alongside their peers.				

#### 2. Child Experiences in the Environment

Standard 7: The use of passive media (TV, computer and/or video) is limited and is used only as curriculum enhancement.

	INDICATOR		EVIDENCE		CONTINUUM	1	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.7.1	TV, video, and/or computer software is limited to materials considered "good for children".	•	All videos are rated G, and TV/computer software encourages active involvement.  Videos or computer software NOT meant for child viewing are not stored within view or reach of children.				
2.7.2	Material has been previewed by adults prior to use.	•	Staff knows the content of material available for children's use.				
2.7.3	Alternative activities are always available/accessible during use of passive media.	•	At least one other learning center is accessible during times that TV/video is used.				
2.7.4	Staff are actively involved with children to help children develop critical thinking skills whenever passive media is used during program time.	•	Staff sit with children when using passive media to enhance learning from media through adult and child interaction or activity.				
2.7.5	Passive media is used as an infrequent event, rather than as a regular part of daily routines.	•	TV/videos are used only occasionally to enhance themes, not as a routine "filler" or as background.				
2.7.6	Passive media materials are used selectively to support and extend classroom themes and activities.	•	Examples of appropriate use are: video on baby farm animals is used with farm unit/theme; a video on what to expect in kindergarten is used with children who are transitioning to kindergarten.				
2.7.7	Computer software encourages creativity.	•	Drawing, painting, problem-solving are a part of the computer program.				

	INDICATOR	EVIDENCE	CONTINUUM		1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.7.8	Time for TV/video viewing is limited to 2-3 times per month for a maximum of 30 minutes per viewing for preschoolers.					
2.7.9	TV/video/computer viewing is never used with children under age 3.					

#### 2. Child Experiences in the Environment

Standard 8: Safe, well planned space is provided outdoors for physical activities appropriate for young children.

	INDICATOR	EVIDENCE		CONTINUUM	I	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.8.1	Outdoor play space is checked for hazards daily, prior to children's use.	Trash and other potential hazards are picked up and discarded in proper receptacles.				
2.8.2	There is sufficient (at least 12 inches) cushioning material to reduce injuries from falls.	Cushioning materials such as shredded rubber or hardwood mulch are specifically designed for play ground.				
2.8.3	Cushioning material is maintained to insure appropriate depth at all times.	Surfacing must be raked daily to insure appropriate depth of cushioning, particularly under equipment fall zones sucl as the bottom of slides or under swings. A rake must be available.				
2.8.4	The outdoor area is surrounded by a safety fence at least four feet high with a working gate that is wheelchair accessible.	Fencing should have vertical slats, if slats are used, rather than vertical.				
2.8.5	Children do not walk through roads, drives, parking lots or other hazardous areas to reach the playground.					
2.8.6	There is sufficient space for various activities such as climbing, running, throwing/catching, and using wheel toys in outdoor play space.	<ul> <li>Activities take place on a variety of hard, soft, and malleable surfaces that do not intersect or interfere with each other.</li> <li>One large surface may contain both vehicle play and other play.</li> <li>Basketball goal surface has sufficient space without interfering with wheeled toy space.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUUM	I	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.8.7	Riding toys, such as tricycles, wagons, etc. are available with an accompanying appropriate hard surface for riding.						
2.8.8	Hard surfaces have indicators for traffic flow.	•	Painted arrows or other indicator are used to show direction of traffic flow.				
2.8.9	Playground is accessible to all children regardless of ability.	•	Playground has accessible entry and exit. Playground has accessible equipment for children with disabilities.				
2.8.10	Classroom has direct access to playground.	•	Direct access refers to a doorway in the classroom leading to the playground.				
2.8.11	Outdoor gross motor space has a variety of surfaces permitting different types of play (sand, black top, wood chips, grass).	•	Children are able to experience the use and feel of different surfaces.				
2.8.12	Outdoor area has some protection from the elements year round.	•	Some shade is available.  Some protection from precipitation is possible. Trees do not count as protection of they loose their leaves in winter months.				
2.8.13	Age-appropriate climbing equipment has written documentation that equipment meets Consumer Product Safety Commission (CPSC) guidelines and ASTM 1292 standards.	•	Written standards are available and are used to determine whether guidelines are met.  Infants and toddlers play outdoors in spaces designed for their use.				

	INDICATOR	EVIDENCE	CONTINUUM		M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.8.14	Landscaping is safe and non-toxic.	<ul> <li>Poisonous and toxic insecticide and herbicides are eliminated from play areas.</li> <li>Tree limbs are trimmed to a height of 7 feet.</li> </ul>				
2.8.15	Toilet facilities are adjacent to the playground.	A child using these facilities does so within and sight and sound of staff.				
2.8.16	Storage facilities are available near play space to house outdoor equipment.	Storage facilities are off limits as child play space.				
2.8.17	Some play equipment is designed for or may be adapted for children with disabilities.	<ul> <li>A chair swing is available for a child who requires trunk support.</li> <li>A tricycle with adapted pedals is available for a child who needs this adaptation in order to ride.</li> </ul>				

#### Resources used:

Infant/Toddler Environment Rating Scale – Revised Edition, Harms, Cryer, Clifford Early Childhood Environment Rating Scale – Revised Edition
School-Age Care Environment Rating Scale
Consumer Product Safety Handbook for Public Playground Safety 2004 Edition
All About the ECERS, Cryer, Harms and Riley
Caring for Our Children – Second Edition

### 2. Child Experiences in the Environment

Standard 9: The outdoor environment is an extension of the classroom and instructional activities occur daily.

	INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.9.1	Age appropriate sensory materials such as sand, water, bird seed or gravel are available outdoors.	Infants and toddlers have access to sand and water, but not to gravel and birdseed.				
2.9.2	Teachers use outdoor activities to introduce children to science/nature concepts.	<ul> <li>Adults assist children in learning about and respecting plant life, animal life, insects, birds, and other living things in the child's environment.</li> <li>Adults assist children in noticing aspects of nature such as weather, rocks, soil conditions, and sounds and smells in the outdoors.</li> <li>Infants and toddlers have direct access to outdoor experiences and surfaces and are not confined to buggies or playpens.</li> </ul>				
2.9.3	Teachers use outdoor activities to conduct experiences in art, movement, dramatic play and literacy.	<ul> <li>Props for dramatic play outdoors, art materials, printed signs, large blocks, and other materials or activities are offered as choices for outdoor play.</li> <li>Infants and toddlers have age appropriate toys and materials to enhance outdoor play.</li> </ul>				
2.9.4	Adults are actively engaged with children outdoors in the same way they are indoors.	Adults do not use outdoor time as "break" time. Teachers are in close proximity to children and extend children's play as needed to promote learning and participation.				
2.9.5	Children play outdoors daily when weather and air quality conditions do not pose a significant health risk.	<ul> <li>Outside play takes place when weather is at or above 15° or the heat index is at or below 90° as identified by the National Weather Service.</li> <li>Children's clothing are adjusted to the weather conditions.</li> </ul>				

### 2. Child Experiences in the Environment

Standard 10: Staff promote a positive climate for learning and help children learn how to establish positive, constructive relationships with adults and other children.

	INDICATOR		EVIDENCE	CONTINUUM			ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.10.1	Adults' communication with children shows respect for the child as a person, including non-verbal children.	•	Adults listen attentively, make eye-contact, treat children fairly, and do not discriminate.				
2.10.2	Adults use non-verbal cues such as smiling and appropriate physical contact to nurture children's emotional development.	•	Adult interactions with children are responsive to each child's moods and needs (soothing tired child, reassuring frightened child, active with playful child).				
2.10.3	Children and parents are greeted individually upon arrival and prior to departure.	•	Children are greeted by names; parents are acknowledged in positive manner.				
2.10.4	Parent or person responsible for the child at pickup is acknowledged prior to departure.	•	Staff let responsible person know they are aware that the child is leaving.				
2.10.5	Staff provide comfort and privacy for children as needed.	•	Those who are frightened or upset upon arrival and/or those who have toileting accidents are comforted.				
2.10.6	Staff show respect for children.	•	Listen attentively, make eye-contact at child's eye- level, respond appropriately to each child, do not discriminate, use polite words and actions.				
2.10.7	Staff consistently set clear limits and intervene to enforce consistent consequences.	•	Set and adhere to classroom rules with logical natural consequences.				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.10.8	Staff talk to the children frequently throughout the day, during both routines and play using conversation and open-ended questions.	Staff talk with each child throughout the day including during diapering routines, meal times and during free play.				
2.10.9	All communication between administration and staff promotes professional and respectful relationships.	Administrative staff treat teaching staff professionally and model respectful interactions.				
2.10.10	All staff communication with parents promotes a caring community.	Information sharing times at arrival/pick-up or conferences is respectful.				
2.10.11	All staff to staff communication is respectful and professional and promotes a caring community.	All peer communications are professional, no personal conversations take place within earshot of children.				
2.10.12	Staff maintain on-going communication and cooperation between teachers and administration at different programs to ensure the successful transitioning of all children including those with disabilities.	Staff communicate with the next learning environment staff in order to prepare child for the transition.				
2.10.13	Staff actively involve children in solving their own problems and conflicts.	Staff observe interactions of children and allow time for children to resolve conflict appropriately when possible.				
2.10.14	Staff explain children's actions, intentions, and feelings to others.	Staff label a child's behavior as inappropriate, not the child – i.e., "hitting hurts", "our rules are to keep our hands and feet to ourselves", instead of, "only bad children hit."				

### 2. Child Experiences in the Environment

Standard 11: Adults promote a climate for a positive social environment by employing verbal strategies that allow children to be successful and recognize children's attempts at socially acceptable behavior.

	INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.11.1	Adults frequently use positive comments instead of praise when referring to children's activities.	"I see you are using lots of yellow in your picture", instead of "What a pretty picture."				
2.11.2	Program is set up to avoid conflict and promote ageappropriate interactions.	Staff limit competitive games and activities or use non-competitive games and activities only.				
2.11.3	Staff redirect competitive activities initiated by children.	Child challenges, "I'll be first to the fence". Staff says, "Lets all run to the fence together."				
2.11.4	Staff meet the needs of individual children to encourage participation.	Staff give short, simple directions using words children understand.				
2.11.5	Adults give choices only when choices exist.	"Let's all go to the door to go inside," instead of,     "Let's go inside, ok?"				
2.11.6	Attention is frequently given when children are behaving well.	"You know how to be a friend. I saw you hand Sarah the glue stick."				
2.11.7	Staff use positive discipline methods effectively.	Use of redirection is accompanied with follow-up observation of child.				
2.11.8	Time out is rarely used and NEVER used with children at a developmental age less than 3.	Time out is not used as a substitute for redirecting, problem solving or as the preferred guidance approach.				

	INDICATOR	EVIDENCE		CONTINUU	J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.11.9	If used by staff, time-out is always paired with problem- solving and with teaching the child the appropriate behavior.	<ul> <li>Talking with a child about what happened is essential.</li> <li>A child should only be in tine out to gain control and time-out shall never last longer than one minute per year of the child's age. For example 3 minutes for a 3 year old.</li> </ul>				
2.11.10	Upon completion of removal from group (time-out), staff help children to successfully re-enter the group.	"Would you like to join Sarah in the science center or stay with me and read a book?"				
2.11.11	Attention-getting behavior or "naughty language" is ignored when possible.					
2.11.12	Children with physical disabilities and/or special learning needs are included in the classroom socially and intellectually as well as physically.	<ul> <li>Child with a wheelchair is able to successfully participate in movement or gross motor activity.</li> <li>Child with attention difficulty is placed next to staff in group activity.</li> <li>Most therapy activities are conducted inside the classroom within sight and sound of regular staff.</li> </ul>				
2.11.13	Staff plan activities to ensure social success across all developmental levels.	<ul> <li>Child with visual impairment is included in play activities with peers.</li> <li>Child with leg braces is included in outdoor play activities.</li> </ul>				
2.11.14	Adults listen to each child to determine if stress is occurring in the child's life, which might be responsible for inappropriate behaviors, and staffs intervene when appropriate.	Staff are appropriately trained to recognize signs of child stress. Training includes information on appropriate adult responses.				
2.11.15	Children have opportunities to make choices in activity selection and other daily routines.	Child decides what learning center to play in and when (s)he needs to take care of personal needs (toileting).				

	INDICATOR	EVIDENCE	CONTINUUM		J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.11.16	Storybooks and relaxing expressive activities are provided to help children deal with stress.	Playdough, water/sand table, or sensory experiences are accessible daily.				
2.11.17	Staff provide many opportunities for children to plan and select many of their own activities promoting child choice.	Child decides what learning center to play in and is encouraged to explore other learning centers.				

### 2. Child Experiences in the Environment

Standard 12: Personal self-care activities are promoted by appropriate facilities and materials.

	INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.12.1	Warm running water, soap, and individual paper towels or automatic hand dryer are utilized.	All materials for hand washing can be reached by the children.				
2.12.2	A private area is accessible for changing diapers and is sanitized after each use.	The diaper changing area is located out of traffic pattern and play space and situated such that visual supervision of the classroom is possible.				
2.12.3	There is at least one diaper changing table located in a private area within each classroom.	Private area must allow for supervision of other children if only one teacher is in classroom.				
2.12.4	The diaper changing table is convenient to use for both children and adults.	• The changing table is at a height between 28" and 32" for adults and for toddlers and older children have available convenient locking steps.				
2.12.5	Changing tables are equipped with railings or barriers that extend at least 6" above the changing surface.	Changing pads with sides at least 6 inches high may be used.				
2.12.6	Bathrooms and toilets are sanitized daily.	A solution of bleach and water that is made fresh daily or a hospital quality disinfectant that is safe to use around young children is used for sanitizing.				
2.12.7	Latex or plastic gloves are accessible for adult use in situations where adults are exposed to any body fluids.	<ul> <li>Gloves are worn at any time staff encounter any type of body fluid including but not limited to blood, mucous, saliva, urine, feces, vomit, etc.</li> <li>Staff take precautions not to contaminate any other surfaces with soiled gloves. Gloves are disposed of in covered containers after each use.</li> </ul>				

	INDICATOR	EVIDENCE	CONTINUUM		J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
2.12.8	Toileting facilities are located within the classroom.	Children do not have to leave classroom to use toilet facilities.				
2.12.9	Toileting facilities are adapted to the child's size and/or ability.	Low toilets where children's feet can touch the floor.				
2.12.10	Child-sized sinks are accessible.	Children can use sink area without the addition of steps or a stool.				
2.12.11	Hand washing sinks in centers are provided within arms reach of the caregiver to diaper changing tables and toilets.	Hand washing sinks adjacent to diapering area is never used for food related purposes.				

#### 3. Child Experiences with Curriculum and Assessment

#### **Introduction:**

The quality of *Child Experiences with Curriculum and Assessment* is determined by relationships and experiences within and with a classroom. High-quality programming for children birth to five years consist of positive classroom experiences that facilitate continuum of growth in all developmental domains - social, mental health, physical, intellectual, and self-help-and that fosters respectful, reciprocal and response relationships. When adults determine each child's level of interest, understanding, ability, age, and ways of knowing through "formal" as well "informal" measurements for the purpose of individualizing approach to learning for each child with or without disabilities, this growth is possible. Additionally, this individualized approach to learning has to be intentional, responsive, ongoing, respectful, and cyclical where adults are continuously involved in a self-study by reflecting or posing questions about own teaching practices, evaluation methods, interactions, children, and the physical classroom. Therefore, teachers' personal philosophy on teaching, learning, and guidance; program mission/goals; curriculum and assessment tool selection, design, and implementation; as well as the classroom's daily schedule impact and mediate *Child Experiences with Curriculum and Assessment*.

#### **Definition:**

A philosophy of education is a set of beliefs about how children develop and learn and what and how they should be taught. It is the framework for long-range planning as well as daily decisions—even those made spontaneously. Philosophy, whether it is program-wide or personal includes:

- 1. Mission or Purpose
- 2. Goals or Vision and Objectives
- 3. Core Beliefs and Values
- 4. Guiding Principles
- 5. Theoretical Framework

In the early childhood context relating to curriculum and assessment, a philosophy includes beliefs about what kind of experiences and interactions support children's growth and development, and how learning and development are assessed. These beliefs guide curriculum, scheduling, and assessment decisions as well as interaction practices.

#### **Rationale**

A clear philosophy and goals enables a teacher/caregiver to

- 1. articulate a personal philosophy about teaching, interactions, development, assessment, and learning experiences;
- 2. generates a planned, organized and consistently implemented curriculum that supports child development and education for infants, toddlers, and preschoolers;
- 3. communicate own and program-wide teaching beliefs effectively with families, administration, colleagues, and others in the profession;
- 4. work with clarity and consistency in planning, decision-making, and prioritizing about best practices in curriculum and assessment;
- 5. individualize (modify, adapt, and/or expand) experiences, activities, and/or materials to support the development of each child;
- 6. locate resources; and
- 7. develop and maintain a positive attitude.

### 3. Child Experiences with Curriculum and Assessment

Standard 1: Teachers contribute to the program's philosophy, goals, values, and guiding principles.

	INDICATOR	EVIDENCE		CONTINUL	J <b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.1.1	Teachers review the program's philosophy including mission values,	Program administrators provide opportunities for staff input regarding program goals and policies.  The description of the content of th				
	policies and goals.	Teachers have opportunities to suggest appropriate revisions to reflect new information or changes in the community.				
3.1.2	Teachers' classroom practices are guided by the program philosophy.	<ul> <li>Program practices are consistent with <i>Kentucky's Early Childhood Standards</i>.</li> <li>Classroom teachers strive to meet quality curriculum standards consistent with National Association for the Education of Young Children (NAEYC) Standards or STARS for KIDS NOW or Head Start Performance Standards and the <i>Kentucky Quality Self-Study Guide</i>.</li> </ul>				
3.1.3	Teachers effectively communicate the program's philosophy with families.	<ul> <li>Teachers discuss the program's beliefs, goals, and policies and listen to the family's expectations.</li> <li>Teachers communicate with families in a variety of ways to support program philosophy; newsletters, parent handbooks, phone calls, daily reports and classroom participation.</li> <li>Teachers communicate in the family's home language and are sensitive to varying levels of literacy.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 2: Teacher's philosophy of education guides and directs appropriate daily practice.

	INDICATOR	EVIDENCE		CONTINUUM	I	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.2.1	Teachers understand children's developmental stages and growth and use this knowledge to implement developmentally appropriate practice.	<ul> <li>Teachers use the KY Early Childhood Standards as a guide to ensure that all domains and/or content areas are considered in daily plans.</li> <li>Schedules and daily plans reflect the differing needs of infants, toddlers, and preschoolers;         <ul> <li>individualized schedules for infants and toddlers,</li> <li>opportunities for preschoolers to practice self-help skills, and</li> <li>consistent one on one care for infants and toddlers.</li> </ul> </li> </ul>				
3.2.2	Teachers understand and respond to children as individuals with unique strengths and challenges.	<ul> <li>Learning centers are designed and adapted to meet the unique strengths and leaning needs of children.</li> <li>Teachers adapt lesson plans to consider children's individual learning needs.</li> <li>Inclusion of diversity is part of daily routines, classroom materials, and activities.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 3: Teachers practice and model professional qualities, behaviors, and attitudes.

	INDICATOR	EVIDENCE		CONTINUUM	М	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.3.1	Early childhood educators follow an ethical code.	<ul> <li>Staff are careful to keep children's records confidential and respect each family's right to privacy (except in cases of abuse or neglect).</li> <li>Staff share resources and information from professional development experiences with the other teachers.</li> <li>When not agreeing with a new program policy, before discussing objections with co-workers or families, staff bring an alternative suggestion to the school director to seek a positive resolution.</li> </ul>				
3.3.2	Teachers demonstrate dependable responsible behavior including teamwork.	Teachers are well prepared for the day including arriving on time, having lesson plans ready and advance preparation of learning environment.				
3.3.3	Teachers recognize potential for burnout and develop strategies to avoid burnout.	<ul> <li>Teachers support other team members planning activities, and in a varying routines so that the program remains fresh for adults and children.</li> <li>Director recognizes the need for planning and development during the work day and the appropriate use of personal time.</li> </ul>				
3.3.4	Teacher develop and implement a written professional development plan.	<ul> <li>Staff practice self-evaluation using the Kentucky Professional Development Framework: Early Childhood Core Content.</li> <li>Staff develop and maintain documents of growth and performance.</li> </ul>				
3.3.5	Teachers keep current in professional knowledge.	<ul> <li>Subscriptions to enable staff to remain current on early childhood issues are provided in the work setting.</li> <li>Teachers seek conferences, workshops and written material to support their professional development plan.</li> </ul>				
3.3.6	Teachers advocate for early childhood by promoting the causes of children and families.	<ul> <li>Teachers participate in professional organizations by being a member.</li> <li>Staff are aware of community needs related to children and seek resources and solutions.</li> </ul>				

# 3. Child Experiences with Curriculum and Assessment *GUIDANCE and INTERACTION*

#### **Definition:**

Guidance is an avenue in which adults can affect children's behavior and learning. The outcome can vary depending on the types of interactions, degree of intervention, level of directness, selection of materials and equipment, classroom layout, and messages sent through verbal and non-verbal means.

#### **Rationale:**

Appropriate adult-child guidance and interactions enables teachers to promote important pro-social skills in children, including self-regulation, conflict resolution, appropriate expression of emotions, development of empathy, and engaging in meaningful learning.

#### 3. Child Experiences with Curriculum and Assessment

Standard 4: Teachers use positive guidance techniques to facilitate children's development.

	INDICATOR	EVIDENCE	CONTINUUM		M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.4.1	Teachers are actively engaged with children and model expected social behavior.	<ul> <li>Teachers assist children in exploring and investigating the answers to questions posed by children.</li> <li>An adult sits down next to children in the sand box, responds to their play, and extends it through conversation and by using sand herself.</li> <li>Teachers listen to infants cooing and observe facial expressions before responding reciprocally.</li> <li>Teachers follow the same rules as children.</li> </ul>				
3.4.2	Teachers plan and support an environment that matches the age, developmental, cultural, life experiences, temperament, and ability of each child.	<ul> <li>Infants are immediately responded to when crying.</li> <li>Toddlers have access to toys/materials, routines, and activities so toddlers can make simple choices.</li> <li>Preschoolers have access to open-ended and multiple experiences and materials where preschool children can initiate actions, decisions, and directions.</li> <li>Classroom daily schedule is flexible in meeting infants' own schedules and children's individual needs and is consistently followed for older children.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.4.3	Teachers respect, understand and take into consideration each child's life experiences, living situation, mood, culture, temperament, and individual needs.	<ul> <li>Teachers regularly offer opportunities for exchanging information about values and their families and customs.</li> <li>Families of infants are encouraged to bring in pictures, music and materials that reflect their culture and themselves. Teachers ask individual family about social practices and expectations for their infants.</li> <li>Preschool children are encouraged to talk about themselves, their families, and their experiences.</li> </ul>				
3.4.4	Teachers use positive guidance techniques to assist children in acquiring and expanding developmentally appropriate social behaviors.	<ul> <li>Teachers work with children in setting limits in determining classroom rules that promote safety and prosocial behaviors.</li> <li>Teachers facilitate the development of self-control in children by using multiple strategies to encourage expected behavior and redirect children to a more acceptable behaviors.</li> <li>Teachers support young children's beginning friendships by encouraging children to take turns and share but do not always expect children to give up favorite items, especially those younger than three years old.</li> <li>Teachers model appropriate behavior using appropriate language and behavior.</li> <li>Children are always treated with respect (i.e., no belittling or demeaning verbally or physically.)</li> </ul>				
3.4.5	Teachers accept accidents and mistakes as part of children's learning.	A two-year-old spills his milk at lunch. The teacher says,     "This was an accident and let's clean it up together."				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.4.6	Teachers support activities and provide opportunities for children to practice appropriate learning skills that foster independence and initiation.	<ul> <li>Teachers provide toddlers opportunities to finger feed foods and practice with forks.</li> <li>All children are given opportunities to collaborate with the teacher in planning their own learning experiences.</li> <li>Teachers provide cups and pitchers that make it easy to pour and hard to spill.</li> <li>Teachers allow toddlers sufficient time to work independently in learning to dress/undress.</li> <li>Teachers guide children through problem solving steps and support their self-directed efforts.</li> </ul>				
3.4.7	Teachers regularly offer opportunities for children to practice appropriate social skills independently.	Staff offer opportunity for turn talking and support				
3.4.8	Teachers encourage children to engage in all activities/centers.	<ul> <li>Teachers situate infants in seating and on floor for various visual perspectives.</li> <li>Teachers demonstrate the use of materials new to children and rotate materials for greater interest.</li> <li>Teachers encourage toddler exploration by introducing a variety of materials and experiences over time.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.4.9	Teachers utilize multiple strategies to facilitate successful learning, taking into consideration all aspects of child's development.	<ul> <li>Teachers place a toy of interest just out of reach to encourage the infant to crawl toward it.</li> <li>The teacher encourages a toddler to try finger painting by first modeling how to do circles in the paint.</li> <li>Teachers provide privacy for children as needed for example, those who are frightened or upset or who have toileting accidents.</li> <li>Teachers set up systematic ways to include children with special needs in groups for social integration, assuming that all children are included as a part of a group.</li> <li>Adults listen to each child to determine stress in child's life, which might be reason for inappropriate behavior.</li> <li>Storybooks and relaxing expressive activities such as play dough and water play are provided to help children deal with stress.</li> <li>Teachers group children occasionally to support learning cooperatively with attention to skills and persistence.</li> </ul>				
3.4.10	Teachers set limits and intervene appropriately when necessary.	<ul> <li>Preschool teachers establish classroom rules with consequences by asking for the children's input at the beginning of the year; then teachers refer to these rules with appropriate consequences whenever rules are broken.</li> <li>Toddler teachers are close-by to toddlers and constantly observing what toddlers are doing and respond with support or intervention.</li> <li>Adults label behaviors as inappropriate, not the child (i.e., the child is not told she is a bad person.)</li> <li>Negative attention getting behavior is ignored when possible and attention is given to positive actions and words.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUM	I	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.4.11 Adults employ verbal strategies that allow children to be successful and recognize children's attempts at socially acceptable behavior.	<ul> <li>Adults avoid comparisons and competition between children.</li> <li>Adult voices are used as a teaching tool. Teachers and volunteers do not yell at children.</li> <li>Adults give directions one at a time and provide children opportunities to ask for help in complying with directions.</li> <li>Adults give choices only when choices exist. Questions such as "You need to put away the blocks, O.K.?" implies a child choice when the adults expects compliance.</li> <li>Positive statements are used in redirecting behavior. The use of words such as "no" and "don't" are limited, e.g., "We use our words instead of our hands to tell our friends to stop.", rather than, "Don't hit."</li> <li>Adults assist children in resolving conflicts and building relationships through problem solving, rather than imposing an adult decision.</li> </ul>				
3.4.12 Adults support children's communication skills and interpersonal relationships.	<ul> <li>Adults provide each child time to communicate.</li> <li>Adults converse with all children, including nonverbal children.</li> <li>Adults acknowledge children's feelings, provide appropriate labels to describe feelings and encourage children to verbalize and label their feelings.</li> <li>When engaging in conversation with the child, adults get on the child's eye level.</li> <li>Most of time is spent conversing with child rather than asking questions of the child.</li> <li>Children are acknowledged upon arrival and before departure.</li> </ul>				

# 3. Child Experiences with Curriculum and Assessment CURRICULUM PLAN

#### **Definition:**

Curriculum Plan fosters each child's optimal learning, supports positive interactions, establishes positive relationships among children and adults, and helps the program meet its goals for children's development and learning by providing appropriate experiences and identifying the roles of staff members and families. A comprehensive and evidence-based curriculum plan is a plan for learning with goals/objectives (i.e., the "subject-matter" content children will be learning) and the processes (i.e., activities, intervention strategies, materials, environment set-up, adaptations) involved in achieving these learning goals. A sound curriculum plan takes into account children's unique prior knowledge, experiences, temperaments, and interests; child development and child learning theory; learning environments (i.e., school/center and home); cultural values of children and families; families' expectations for their children; the Early Childhood Standards, indicators and/or outcomes required of programs; and any unplanned "teachable moments" or experiences that results in learning.

#### **Rationale:**

A well thought-out, intentional curriculum plan based on assessment of individual children will assist classroom teachers to provide accommodations and modifications needed for planned and unplanned learning events; assure learning occurs as children construct their understanding of the social, physical, and intellectual world around them; emphasize hands-on experiential learning facilitated with appropriate level of structure, guidance, and direction for each child; and communicate "daily" plan as well as goals/objectives to families, administration, and co-teachers in the classroom.

### 3. Child Experiences with Curriculum and Assessment

Standard 5: Curriculum planning involves preparation.

INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.5.1 Teachers have opportunities to plan.	<ul> <li>There is protected time for planning.</li> <li>Collaborative planning occurs on a schedule agreeable for all participants including related personnel.</li> <li>Program administrators support planning through classroom coverage, release tome and other means.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.5.2	Teachers gather assessment information for every child and the classroom.	<ul> <li>Classroom teachers and related services personnel observe each child regularly and notate what is being observed.</li> <li>Products or any work children create are collected once a month and stored in individual children's portfolio/file.</li> <li>Classroom teachers observe and notate how children are using the materials and different areas of the classroom.</li> <li>Classroom teachers or related services personnel screen each child at the beginning and end of the year with approved formal and informal assessment as described in 2004 Building a Strong Foundation for Schools Success:         Kentucky's Early Childhood Continuous Assessment Guide.     </li> </ul>				
3.5.3	Teachers review data and information about individual children and their families.	<ul> <li>Classroom teachers examine every child's files thoroughly at the beginning of the year.</li> <li>Every child and family's assessment data and materials gathered since the last planning session meeting are examined and used as a basis for deciding on and modifying children's goals/objectives before every curriculum planning meeting.</li> <li>Classroom teachers update every child's files with current assessment information and relevant documentation at the end of the year.</li> </ul>				
3.5.4	Current and research-based curriculum resources are available on site for planning.	<ul> <li>The Building Strong Foundation for School Success:         Kentucky Early Childhood Standards is a reference for         weekly planning.</li> <li>Program staff contribute activities and ideas including         internet curriculum sites and professional organization         websites at the weekly curriculum planning meeting.</li> <li>Teachers request funds each year to build resources for         planning.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 6: Curriculum planning involves intentionality.

	INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.6.1	The objectives for each child and curriculum goals are guided by child development learning theory and validated by appropriate state and federal standards.	<ul> <li>Classroom teachers and related services personnel examine objectives and activities to ensure alignment with Kentucky's Early Childhood Standards for the appropriate age group and subject matter content areas.         Preschool subject matter content areas are:         <ul> <li>Language Arts (observing, listening, speaking, writing, reading)</li> <li>Arts and Humanities (dance, drama, visual arts, music)</li> <li>Mathematics (numbers and counting, shapes and spatial relationships, comparisons and patterning, and measurements)</li> <li>Science (science inquiry, using tools, collecting/describing explanations, making predictions)</li> <li>Social Studies (past/present/future, environments, economic concepts, home/school/family/community, diversity)</li> <li>Health Education (social relationships, self-care, sense of purpose)</li> <li>Motor/Physical Education (gross and fine motor, coordination)</li> <li>Infant/Toddler domain areas are:</li></ul></li></ul>				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.6.2	Teachers decide on objectives for individual children and curriculum goals for groups of children.	<ul> <li>Classroom teachers, related services personnel families, other partners discuss and review the following as they determine each child's objective: each child's prior learning and experiences; each child's developmental and age level based on informal and formal assessment evidence/data; each child's ability and any disability; each child's culture; developmental theories and current research; and content areas or subject matter.</li> <li>Classroom teachers focus on infants' development, the way infants and toddlers learn about themselves and others, how infants and toddlers learn to communicate, think and use their muscles as a basis for coming up with group general goals. These curriculum goals for infants address security, responsive interactions with caregivers and exploration; and goals for toddlers address independence, need for control, discovery and beginning social interactions.</li> <li>Classroom teachers focus on how preschool children explore, inquire and expand their vocabularies as a basis for coming up with group general goals. These curriculum goals for preschoolers address physical well-being and motor development, social and emotional development; approaches to learning language development, cognition and general knowledge, as well as school readiness.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUU	М	ACTION PLAN
			1 NOT MET	2 IN PROCESS		(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.6.3	Teachers systematically decide on the best processes for achieving individual goals/objectives, regardless of abilities, backgrounds, and differences.	<ul> <li>Classroom teachers and related services personnel analyze appropriate activity, material, classroom environment set-up, and daily schedule:         <ul> <li>Teachers provide experiences for knowledge and skill learning in literacy, mathematics, science, social studies, and the visual and performing arts.</li> <li>Activities and materials allow experimentation so that children can construct own knowledge.</li> <li>The classroom environment set-up and the daily schedule promote individual as well as group activities?</li> <li>The classroom environment set-up and the daily schedule offer a balance of active play and quiet time, indoor and outdoor time, short and longer investigation time, free play and focused/intentional teaching.</li> <li>The interventions or instructional strategies foster self-help skills and represent a balance of direct instruction and practice opportunities.</li> <li>The intervention or instructional strategies incorporate related services and families' input in as well as outside the classroom.</li> </ul> </li> </ul>				
3.6.4	Teachers consider children's abilities and needs as they decide on materials and activities.	<ul> <li>Classroom teachers and related services personnel jointly decide how best to individualize and meet the established goals of children with special needs.</li> <li>For children who receive therapy services, those services are coordinated with the program and are embedded, as feasible, in the daily routine to help enhance the achievement of individual goals.</li> <li>Classroom teachers and the related services personnel consider children's home language and culture when planning curriculum and the classroom environment.</li> <li>Classroom teachers and the related services personnel share on a regular basis observation about each child's learning style and activities/instructional strategies that worked best when they were working with various children.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 7: Curriculum reflects age appropriate subject content areas and activities that foster children's engagement and active investigation.

	INDICATOR	EVIDENCE		CONTINUU	М	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.7.1	Art materials are available daily for independent choice time and are regularly integrated into the schedule.	<ul> <li>A variety of simple art materials (crayons, paper, etc.) are introduced as older infants and toddlers are ready.</li> <li>An art center, with crayons, markers, paper, scissors, Play-doh and a variety of collage materials, is available for preschoolers as a free-choice activity.</li> <li>Ms. Joyce prepares a paper-mache project for the four-year-old class to do in small groups throughout the week.</li> <li>Adults are actively involved in children's art activities such as planning projects over time or small group projects.</li> </ul>				
3.7.2	Music is incorporated daily into group activities as well as through independent choice.	<ul> <li>Many musical toys, including rattles, a xylophone, shakers and other toys that play music, are stored on low open shelves and made available to non-mobile children periodically throughout the day.</li> <li>During free choice time preschool children have access to a variety of musical instruments, including drums, xylophones, bells, keyboards, triangles, rhythm sticks, etc.</li> <li>Circle time regularly includes a time for singing and dancing with various types of music (i.e., represents different cultures and genres).</li> </ul>				
3.7.3	Children are given opportunities to pretend and engage in dramatic play.	<ul> <li>A low, safe mirror is positioned on the wall for infants to watch their reflections as they play.</li> <li>Age appropriate materials for toddlers such as phones, baby dolls and push toys are provided to encourage pretend play.</li> <li>Children have access to various types of dramatic play props, including those for housekeeping, various types of work, and fantasy.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUN	Л	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.7.4 Gross motor activities are included in the daily schedule.	<ul> <li>Infants are given enough room to scoot, crawl, and walk, as they are able indoors and outdoors.</li> <li>"Baby gyms" are made accessible to infants for kicking and reaching indoors and outdoors.</li> <li>Preschool-age children are able to use a variety of stationary and portable gross motor equipment on the playground as well as inside throughout the day.</li> <li>When weather does not permit outdoor play, an indoor gross motor space is available.</li> <li>Children are provided enough time to practice and fully explore gross motor activities and equipment.</li> </ul>				
3.7.5 Nutrition is addressed as an integrated part of the daily curriculum.	<ul> <li>During snack and meals, adults talk with children about what they are eating and why it is nutritious.</li> <li>Older children are involved in preparing simple meals or snacks while adults talk to them about the various ingredients and their importance.</li> </ul>				
3.7.6 Literacy and language skills are encouraged through a variety of listening, reading, and writing activities.	<ul> <li>Infant teachers regularly read simple picture books to small groups of interested children and occasionally stop, pose questions, and wait for infants' responses before continuing with reading.</li> <li>Infants and toddlers have access to sturdy board books with simple pictures and words.</li> <li>A listening center (with books and accompanying cassettes) flannel boards, puppets, and other story props are available as a free choice activity for children in the three-year-old room.</li> <li>The environment includes a variety of print materials for children and writing tools including crayons, pencils, paint brushes and markers.</li> <li>Opportunities for children to dictate words, stories, and descriptions occur throughout the day.</li> </ul>				

INDICATOR	EVIDENCE	CONTINUUM			ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.7.7 The curriculum includes activities to help educate young children about their community.	<ul> <li>Infants are provided with many pictures and books about their regular experiences in the community (e.g., grocery store, park, doctor's office.)</li> <li>Regular field trips are scheduled to various resources in the community (e.g., public library, parks, art centers, etc.)</li> <li>Members of the community are used as resources and as guests to expand topics and activities of the curriculum.</li> </ul>				
3.7.8 A variety of appropriate fin- motor materials are accessible to children during free choice time.	· · · ·				
3.7.9 Construction areas are available for any child during free choice times.	<ul> <li>Simple vinyl cubes are available for infants and younger toddlers to stack and put into containers.</li> <li>An appropriate space for block play is available to preschoolers during center time, and includes a large set of a variety of wooden blocks, some homemade cardboard bricks, a set of foam unit blocks, as well as cars, trucks, small dolls and animals to use as accessories.</li> <li>A woodworking center and assembly/disassembly area consisting of safety goggles, big magnets and appliance items (e.g., toaster) is set up in preschool classrooms.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.7.10	Science concepts and materials are a part of the daily curriculum.	<ul> <li>Adults use everyday events as opportunities to discuss science/nature concepts, such as gravity when a ball rolls downhill, when child sees his shadow in sunlight, and when ice cream melts at snack time.</li> <li>Materials that offer many safe, hands-on opportunities to explore and experiment with the natural world are accessible to children during free time and group time.</li> <li>Infants and toddlers can see realistic depictions of the natural world on a regular basis, through pictures, books and materials.</li> <li>During time on the playground, teachers talk with infants about the birds, trees, grass and other natural aspects of their environment.</li> <li>Preschoolers have access to a variety of science materials, including a collection of sea shells, a collection of various pine cones, plastic dinosaurs, plastic farm animals, books on a variety of nature/science subjects, magnets and magnifying glasses.</li> <li>During group time, adults give older children an opportunity to discuss the weather, read thermometers, charts daily and seasonal changes.</li> <li>Opportunities are provided for children to make predictions and to test these using real materials (e.g., flashlight shining through paper or rock).</li> </ul>				

J	INDICATOR	EVIDENCE	(	CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
m	Math concepts and naterials are a part of the aily curriculum.	<ul> <li>Math materials that offer concrete, hands-on opportunities with number and math concepts are part of the daily curriculum during free time and group time.</li> <li>Preschoolers have access to a variety of developmentally appropriate math materials, including toys for counting and sorting, pegboards with printed numbers and holes to match, measuring cups in the sand table, rulers with things to measure, dominoes, puzzles with various shapes, clocks, and playing cards.</li> <li>Adults use children's play as an opportunity to depict math concepts in everyday activities.</li> <li>Infant toddler classrooms provide access to a variety of developmentally appropriate materials including stacking cups, puzzles, shape sorters, and activity boxes.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 8: Teachers implement instruction that supports children in achieving learning goals.

	INDICATOR	EVIDENCE		CONTINUUM	Л	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.8.1	Teachers utilize instructional methods that are challenging and engaging for children at their level of development.	<ul> <li>Teachers facilitate a children's involvement with materials and activities by asking questions, offering suggestions or adding more complex materials or ideas to an activity.</li> <li>Teachers ensure his preschoolers thinking to advance from simple to complex, concrete to abstract by offering materials of varying difficulties, partnering children in twos where one child is more advanced than the other in skills, asking provoking questions, and allowing ample time to work through a problem.</li> <li>Teachers ensure activities for infant and toddlers support exploration withal the senses.</li> <li>Children work individually or in small informal groups most of the time.</li> <li>The teacher incorporates multiple intelligences and different modes of learning styles in their interactions with children.</li> </ul>				
3.8.2	Teachers plan for teaching the skills necessary for future academic success.	<ul> <li>Children have the opportunity to learn and practice important concepts.</li> <li>Teachers recognize that children learn from self-directed problem solving and experimentation and accept that there is often more than one right answer.</li> <li>Children learn expanded vocabulary, alphabetic principles, phonological awareness, concepts of numbers, shapes, measurements and spatial relation; task persistence, early scientific thinking and information about the world and how it works.</li> <li>Teachers plan for teaching the skills necessary for future academic success.</li> <li>Teachers plan opportunities for children to learn the language of schoolhow to listen, follow directions, respond to teacher questions and initiate problem solving.</li> <li>Children choose from a variety of activities, decide what type of products they want to create, engage in important conversations with friends and exercise their curiosity.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUU	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.8.3	Children choose from among activities the teacher has organized or the children have spontaneously initiated.	<ul> <li>Teachers provide children concrete learning activities with materials and people relevant to their own life experiences.</li> <li>Children select many of their own activities from among a variety of learning areas the teacher prepares, including dramatic play, blocks, science, math games and puzzles, books, recordings, writing, literacy games, art and music.</li> </ul>				
3.8.4	Teachers establish a climate where children are respected, nurtured and challenged.	<ul> <li>Teachers provide children uninterrupted time to persist at self-selected tasks and activities.</li> <li>Children enjoy close warm relationships with the adults and other children in their classroom.</li> <li>Children frequently interact and communicate with peers and adults. They do not spend long periods of time waiting, being ignored or isolated.</li> <li>Children are able to make meaningful decisions throughout the day.</li> </ul>				

#### 3. Child Experiences with Curriculum and Assessment ASSESSMENT

#### **Definition:**

Assessment is the process of gathering information through formal and informal means for a variety of purposes. This information collection occurs in authentic (i.e., natural) settings for children, where multiple tools (or sources) are utilized in observing and recording development and behavior. Information gathered about individual children's abilities, interests, and needs provide a basis for planning daily instruction and identifying goals/objectives for the curriculum plan as well as determining a need for further testing. Information gathered about the classroom environment usage provides a basis for identifying concerns and strengths of individual families in facilitating own children's growth. Assessment information is then re-visited regularly to ensure currency of information.

#### **Rationale:**

Assessment serves as a basis for making educational decisions that determine individual and group activities and goals/objectives, instructional strategies, subject matter content concentration, interactions, and material selection. Assessment also informs classroom teachers if educational decisions made were appropriate and/or effective and informs future educational decisions regarding individual children, interactions, intervention strategies, materials, families, and classroom environment.

#### 3. Child Experiences with Curriculum and Assessment

Standard 9: Ethical, appropriate valid and reliable assessment is a central part of all early childhood programs.

INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
		1 NOT	2 IN	3 FULLY	(Any indicator that has not been fully met (3) should have
		MET	PROCESS	MET	an accompanying Action Plan)
3.9.1 All children are screened utilizing an appropriate developmental and/or health assessment according to program requirements.	<ul> <li>Screening instruments are selected from Building a Strong Foundation for Schools Success: Kentucky's Early Childhood Continuous Assessment Guide (2004).</li> <li>When a screening identifies concerns a referral is made from further evaluation.</li> <li>Diagnosis or labeling is never the result of a brief screening.</li> <li>Screening must meet strict technical standards for test construction and they should be culturally and linguistically relevant.</li> <li>Only staff with sufficient training should conduct screening.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN	
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)	
3.9.2	Children are regularly assessed using developmentally appropriate methods based on individual child needs.	<ul> <li>Assessment instruments are selected from Building a         Strong Foundation for Schools Success: Kentucky's         Early Childhood Continuous Assessment Guide (2004).</li> <li>Assessments are aligned to Kentucky's Early Childhood         Standards and with the goals and the curriculum of the         early childhood program.</li> <li>Assessments are appropriate for the characteristics of the         children being assessed. The characteristics include age,         culture, home language, socio-economic status, abilities         and child temperament.</li> <li>Assessments use multiple sources of evidence gathered         over a period of time.</li> </ul>					
3.9.3	Assessment results are used to plan appropriate group and individual learning activities.	<ul> <li>Teachers regularly assess each child's progress and make adjustments as necessary.</li> <li>Information provided by diagnostic tools is used to plan services and further assessment for children with special education and developmental needs.</li> <li>Assessment includes recorded teacher observations of children's' performance during daily activities.</li> <li>Assessment includes documentation such as photographs of children's work/accomplishments and samples of children's work that show/demonstrate a child progress overtime.</li> </ul>					
3.9.4	The program is regularly evaluated for the purpose of documenting and improving the quality of early care and education and other services provided for children and families.	<ul> <li>Staff, families, and other stakeholders are involved in evaluating the program.</li> <li>All classrooms within a program are assessed using developmentally appropriate researched-based tools such as Ellco, ECERS-R, ITERS-R and NAEYC.</li> <li>Evaluation is used to define and modify classroom practices.</li> <li>Program evaluation results are used to help determine professional development of staff.</li> <li>Program evaluation results are publicly shared.</li> </ul>					

	INDICATOR	EVIDENCE	CONTINUUM		M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.9.5	Families are involved in all aspects of the assessment process.	<ul> <li>Families have a right to be informed about the assessment of their children.</li> <li>Families of young children with disabilities have a legal right to be involved in assessment decisions (IDEA, 1997).</li> <li>Families are informed on a regular basis concerning the progress of their children.</li> <li>During the assessment process, program staff share information in ways that are clear, respectful and culturally responsive, constructive, and using the language of the family.</li> <li>Assessment for children includes a method in which teachers and parents share information periodically about children's engagement in routines, experiences, and progress in all domains.</li> <li>Teachers and parents work together to make decisions regarding children's learning goals and approaches to learning.</li> </ul>				

#### (DAILY) SCHEDULE

#### **Definition:**

Daily Schedule is a sequence of events and the duration of time for each event throughout the day. It is a guide to what children actually experience (or live) each day in terms of how time is used. A quality Daily Schedule consists of a) indoor/outdoor event; b) free choice/structure choices; c) transitions (between activities and events); d) group activities (small and large); e) quiet/active time; f) child-initiated/teacher-initiated activities; and g) flexibility that takes into account individual needs, mental health, interest of the children and adults in the classroom.

#### **Rationale:**

An appropriate Daily Schedule for a classroom a) allows for trust building for children by providing a routine that is predictable and consistent; b) encourages teachers to be explicit in planning time duration for activities and events as they consider children's developmental, social, cultural differences and levels as well as coordinate sharing of common areas (e.g., playground) with other classroom teachers; c) ensures a variety of learning experiences as well as designated time needed for transitions between activities; d) assists families in being cognizant of what is happening at school/center during the day; and e) helps with separation anxiety by providing a time/event guide for children and adults.

### 3. Child Experiences with Curriculum and Assessment

Standard 10: Schedule provides learning experiences during all times, including play, routines and transitions.

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1	2	3	(Any indicator that has not been
			NOT	IN	FULLY	fully met (3) should have
			MET	PROCESS	MET	an accompanying Action Plan)
3.10.1	In the daily schedule,	Children are given the opportunity to explore and independently				
	time scheduled indoors	choose a variety of many developmentally appropriate materials and				
	and outdoors allows	activities.				
	children to independently	Toys are placed on low open shelves where they can be accessible				
	explore all available	for infant exploration.				
	activities at their own	<ul> <li>Outdoor play for infants can include push toys, crawl through</li> </ul>				
	pace.	tunnels and infant gyms.				
		Children are free to choose materials and activities from many				
		categories, including art, fine motor, dramatic play, science, books and others.				
		Outdoor play for preschoolers may include portable and stationary				
		equipment such as swings, climbers, a slide, hula hoops, jump ropes,				
		and other age and size appropriate equipment.				

INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.10.2 The schedule is planned so that children's individual needs are met and there is minimal waiting time between activities.	<ul> <li>A child has been working diligently to finish a puzzle during free play, although it is the scheduled time for another activity (s)he is permitted to continue to completion.</li> <li>Preschool children are able to wash their hands individually without waiting for the entire group to finish.</li> <li>Schedule allows children to experience routine activities at their own individual pace such as diapering, toileting, feeding and sleeping.</li> </ul>				

### 3. Child Experiences with Curriculum and Assessment

Standard 11: Daily schedule allows time for staff to fulfill all required responsibilities, including planning, assessment, collaboration and breaks.

	INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
3.11.1	Staff has planned breaks away from the responsibilities of their classroom, based on their daily work schedule.	During their 8-hour workday, staff is given a15-minute break in the morning and the afternoon as well as a 30-minute midday break.				
3.11.2	Staff is given regular time away from the responsibilities of the classroom to plan future activities and curriculum.	Accommodation through release time, additional time with pay or considerations are made for staff to plan and prepare for future activities.				
3.11.3	Scheduled time is available for staff to converse with the parents, families and other professionals involved in each child's life.	<ul> <li>Enough staff is available in the afternoons so teachers are able to converse with the parents and families each day as they pick up their children.</li> <li>Regularly scheduled communications regarding the child occurs among early childhood staff, parents, related services personnel (e.g., occupational therapists, physical therapists, speech therapists, developmental interventionists, and registered dietitians).</li> <li>Communication is documented in the child's written records.</li> <li>Parental consent to share some information is obtained as appropriate.</li> </ul>				
3.11.4	Scheduled time exists for staff to assess the environment and activities of their room.	Teachers use the ERS to assess the classroom environment and plan for improvement.				

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#### **GLOSSARY**

Curriculum outcomes for infants, toddlers and preschoolers: Curriculum is planned for infant/ toddlers which is comprehensive with developmental and learning outcomes it: promotes experiences that lead to documented evidence that infants and toddlers are learning about themselves and others, communicating their needs to responsive adults, gaining understanding of basic concepts and developing motor and coordination skills appropriate for their ages. Outcomes also include evidence that each child is developing a sense of trust, security, and increasingly independence. Incorporate children's relationships with their caregivers and routines (e.g., sleeping, diapering/toileting) as opportunities for learning, as well as through experiences in which children play with objects, their caregivers, and (increasingly) each other. Provides a context in which teachers use their knowledge about each child to plan opportunities for learning across domains—physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge. Curriculum is planned for preschoolers which is comprehensive with developmentally and learning outcomes- it: Promotes experiences that lead to documented evidence that preschoolers are acquiring and applying knowledge and skills in physical well-being and motor development; social and emotional development, approaches to learning; language development; and cognition and general knowledge. Children demonstrate positive attitudes toward learning and their increasing abilities to represent their experiences in a variety of ways (e.g., through drawing/ painting, dictating/writing, and dramatic play.) Facilitates children's learning through individual and small and large groups experiences that promote physical well being and motor development; approaches to learning; language development; and cognition and general knowledge. Provides a context in which children learn through meaningful everyday experiences, including pl

Teacher includes any adults in the classroom who interact with children at any age.

Families include parents and any other adults who guide, take care, and have custodial responsibilities of children.

Related service personnel includes all adults who work with children with special needs in any capacity.

#### 4. Health, Safety, and Nutrition

#### **Rationale:**

An early childhood learning environment cannot be considered of high quality unless the basic needs of young children are met. Staff must be aware of, promote, and model appropriates practices regarding the essentially areas of health, safety, and nutrition. Quality in early care and education settings is promoted through a safe, nurturing environment that meets the basic needs of the children and adults in that setting. In order to promote a quality environment, early care and education professionals must be knowledgeable concerning health, safety, and nutritional issues and promote these practices in daily routines.

#### 4. Health, Safety, and Nutrition

Standard 1: All staff are knowledgeable in Health and Safety procedures.

	INDICATOR	EVIDENCE		CONTINUUN	Л	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.1.1	An Emergency Bulletin Board is current within easy access of program staff.	Items included but not limited to:     Evacuation Plan     Disaster Plan     Emergency Medical Plan				
4.1.2	Child specific emergency information is current and confidentially maintained but within easy access of program staff.	Items included but not limited to:     - children's allergies     - medication schedules     - release of information     - permission for pick up and delivery     Children's confidential records are kept in a locked file.     Follows guidelines for the administration and storage of medications.      Information recorded on closed card files and located in areas of activity for children.				
4.1.3	All staff have current training in First Aid and CPR appropriate to age group.	<ul> <li>Staff working with infants and toddlers have pediatric CPR and First Aid.</li> <li>Staff are certified in adult CPR and First Aid to accommodate children and other adults working in the program.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)	
4.1.4	Staff and volunteers are trained in the identification and prevention of the spread of communicable diseases.	•	Inservice training is provided for staff and volunteers through the local health department, healthy start program, etc.  Instructional materials such as books about children with special needs are incorporated into the curriculum.				
4.1.5	Procedures are in place to assure that staff are adequately trained and prepared for children with special health care needs.	•	A child who has a tracheotomy, a feeding tube or who requires breathing treatments, for example, has specific concerns that require specific training for staff members. Children in the program are prepared to support children with special health care needs. For example, children should know the procedure to alert the teacher if a class member should have a seizure, choke or stop breathing and staff are informed of procedures to help children understand these circumstances.  Staff participate in the planning and preparation for the entry of the children with special needs into the early childhood setting.				
4.1.6	A written program handbook is given to families of enrolled children.	•	<ul> <li>Handbook includes, but is not limited to:</li> <li>Written plan for medical emergencies.</li> <li>Written policy and procedure outlining the course of action taken when a child cannot be delivered to an authorized person.</li> <li>Procedures to ensure that all immunizations, allergy lists, and health records are up to date at all times.</li> <li>Written check-in and check-out procedures followed for children not using school transport.</li> <li>The parent handbook contains a written policy for sick children.</li> <li>Proper procedures are in place to report suspected child abuse/neglect to proper authorities.</li> </ul>				

#### 4. Health, Safety, and Nutrition

Standard 2: Staff maintains a Safe and Healthy Environment for program participants.

	INDICATOR		EVIDENCE		CONTINUUN	1	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.2.1	Physical space is maintained to promote optimal health outcomes for children.	•	Healthy environments include but not limited to:     adequate lighting and ventilation     windows opened daily to provide fresh air as needed (weather permitting) and     clean and orderly surfaces and play materials.				
4.2.2	Adequate accommodations are provided for sick children.	•	The area is a quiet area set aside from the other children Staff follow program guidelines for health precautions when supervising sick children. Parents are contacted immediately when children are sick.				
4.2.3	Safety/maintenance check is completed on a daily basis.	•	A safety/maintenance check may include, but is not limited to:  — all equipment and furniture is in good working order  — no broken toys, no sharp edges exposed  — a complete First Aid kit in both classroom and transportation vehicle.				
4.2.4	Health education is modeled in daily routines and included in curriculum.	•	Planned activities encourage life skills such as good health, safety, and nutrition habits. They encourage leadership skills such as independence, responsibility, organization, good communication and problem-solving skills which will lead to life long successful habits.  Good health practices are promoted through songs, books, finger play, flannel stories, planned health/safety activities.  Staff demonstrates proper hand washing techniques for adults and children upon arrival, before/after preparation of meal, after toileting or diapering, after wiping noses and before/after sand or water play, pet play, etc.  Adults sit and eat their meals with the children to promote				
			healthy food choices and model proper sanitary conditions at the table.				

	INDICATOR	EVIDENCE		CONTINUUM	<b>A</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.2.4	(continued) Health education is modeled in daily routines and included in curriculum.	<ul> <li>Children are given opportunities to practice self-help procedures in personal care routines including: toileting, nose wiping, dressing if appropriate, feeding, tooth brushing, etc.</li> <li>Staff demonstrate appropriate tooth brushing which occurs at least once a day in full day programs.</li> <li>All toothbrushes are individually labeled and stored so as to prevent touching/ contamination to air-dry.</li> <li>Other basic health concepts (e.g., exercise, preventive health care, germ avoidance) are taught through developmentally appropriate activities.</li> <li>Health professionals visit the classroom.</li> <li>Any person (therapist, etc.) providing services in classroom collaborates with child care provider/teacher in a consultation basis.</li> </ul>				
4.2.5	Steps are taken to minimize the spread of contagious disease.	<ul> <li>Daily sanitation occurs for all infant and toddler materials.</li> <li>Diapering area and/or bathroom is arranged so that proper sanitation is easily maintained.</li> <li>All toys (regardless of age group) that are mouthed should be sanitized after each use.</li> <li>A set format is implemented to ensure on a daily basis (at entry) each child receives a health check for sign of common childhood diseases.</li> <li>Adults ensure that toilets are flushed and sanitary.</li> <li>Individual children have personal care items that are not shared.</li> <li>All volunteers who are in contact with children have a current tuberculosis test on file.</li> <li>Trash is removed daily.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	M	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.2.6	Personal self-care activities are promoted by appropriate facilities and materials.	<ul> <li>Anti-bacterial soap and individual paper towels are utilize.</li> <li>Children and staff work together to keep the classroom clean.</li> <li>Latex gloves are readily available for adult use in situations where adults are exposed to bodily fluids.</li> <li>Tissues are readily available for staff and used only once and then discarded into a closed plastic container.</li> <li>Floors and trash receptacles are cleaned daily.</li> </ul>				
4.2.7	Caregivers ensure that sanitary diapering/toileting procedures are maintained.	<ul> <li>Pacifiers, toys, baby bottles and food are kept out of the diapering area.</li> <li>Rooms have a diapering/toileting hand-washing sink separate from food-prep sinks.</li> <li>Toileting facilities are adapted to the child's size and/or disability and are located within or adjacent to the classroom.</li> <li>Disposable diapers are discarded in a lined sealed trashcan.</li> <li>The surface of the diapering area are of a smooth, moisture-resistant, easily cleanable material which is sanitized after each use.</li> <li>A private area is available for changing diapers.</li> <li>Hot water source is available in toileting and diapering areas.</li> <li>Bathrooms are sanitized daily.</li> </ul>				

#### 4. Health, Safety, and Nutrition

Standard 3: Staff assures Injury Prevention through health/safety awareness and program implementation.

	INDICATOR	EVIDENCE	C	CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.3.1	Proper supervision of children is evident in program practices.	<ul> <li>Staff demonstrate knowledge of appropriate staff to child ratios and implement appropriate ratios and group sizes according to NAEYC standards. Staff accommodate or make adjustments as appropriate for children with special needs.</li> <li>Children are never left unattended.</li> <li>Supervising staff has an unobstructed view of children at all times in all activity areas and by all equipment, Furnishings are arranged so that staff can see all children.</li> <li>Supervision occurs near the children during all gross motor activities with attention to safety factors.</li> <li>Supervision provided near children with staff attention to safety, cleanliness, and proper use of materials during creative activities.</li> <li>One staff person remains on duty at the facility until all children have been safely delivered or picked up.</li> <li>There is a central point for all volunteers where they sign in and sign out and receive a personal identification badge.</li> </ul>				

	INDICATOR	EVIDENCE	C	CONTINUUM		ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
w o n ei	taff demonstrate a working knowledge of the of the organization and naintenance of the nvironment and its mpact on the safety of hildren.	<ul> <li>Non mobile children should have a safe, separated area that provides floor-time.</li> <li>Cribs are only used for sleeping and are spaced at least 3 feet apart or are separated by a solid barrier.</li> <li>Plastic bags should be stored properly and disposed of properly after use and kept out of reach of infants and toddlers.</li> <li>The water supply is free from lead contamination.</li> <li>Walls are clean and any paint is nontoxic and lead free.</li> <li>Facility has two exits from each classroom.</li> <li>Outdoor exits are controlled for the safety of all children.</li> <li>Potentially dangerous objects are stored in a locked space (example, knives, sharp objects, toxic cleaning supplies, poisons, insecticides, paperclips, thumbtacks and other choking hazards).</li> <li>The environment is smoke-free.</li> <li>Safe, sturdy, well-planned indoor and outdoor space and equipment is provided for physical activities appropriate for young children.</li> </ul>				

#### 4. Health, Safety, and Nutrition

Standard 4: Whenever program transportation is provided, appropriate safety precautions are taken.

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.4.1	Vehicles used in transporting children are appropriately licensed, inspected and maintained.	<ul> <li>When buses are especially designed for preschool, children use age-appropriate child safety restraints.</li> <li>When standard school buses are used, children sit in midship of the bus, maintaining separate seats for preschool children.</li> </ul>				
4.4.2	All bus drivers have a commercial drivers license and receive the driver training provided according to state requirements.	<ul> <li>Driving records are checked before employment.</li> <li>Periodic, unannounced drug testing is conducted for all drivers.</li> </ul>				
4.4.3	All transportation personnel implement exemplary health and safety practices.	<ul> <li>Personnel are trained in child CPR and First Aid.</li> <li>Personnel have documented training in working with young children on buses (e.g., training in child development and behavior management).</li> <li>Personnel receive/deliver the child to the parent, guardian or person authorized by the parent.</li> </ul>				
4.4.4	Transportation procedures are implemented that consider the health and well-being of all children.	<ul> <li>Transportation options are available which enable children with disabilities to attend the program.</li> <li>Individual children spend less than 30 minutes on bus.</li> <li>Children receive developmentally appropriate training in bus safety.</li> <li>Children less than 5 years of age have a minimum of one transportation assistant on the bus.</li> </ul>				
4.4.5	Staff and volunteers are trained in safety and health issues.	<ul> <li>All staff maintain current child CPR and First Aid certification.</li> <li>Volunteers are provided with personal identification badges.</li> </ul>				

#### 4. Health, Safety, and Nutrition

Standard 5: Identification and maintenance for appropriate child health and developmental services are evident in program practice in accordance with the stated goals and philosophies of the early childhood program.

	INDICATOR	EVIDENCE		CONTINUUM	<b>A</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.5.1	Individual child health and developmental status is determined as a part of program practice.	<ul> <li>Appropriate enrollment documentation is on file for each enrolled child.</li> <li>All documents are sequentially organized in child's folder.</li> <li>Folders contain information provided by the family on the child's current health status. Information may be in the form of an assessment, checklist or inventory that is shared by a staff person during the home visit.</li> <li>Program has a tracking system to follow-up on child health status.</li> </ul>				
4.5.2	Programs provide health screening for all children.	<ul> <li>Kentucky Assessment recommendations are followed.</li> <li>Program staff help arrange referrals and health screenings, which can include, but are not limited to:         <ul> <li>Vision, hearing and dental screening</li> <li>Health/growth assessment records</li> </ul> </li> <li>Existing information from previous programs is utilized as appropriate.</li> </ul>				
4.5.3	All children with atypical developmental screening results receive rescreening and/or follow-up.	<ul> <li>If a child is under three, referral to First Steps is made.</li> <li>If child is over three years of age, a referral to the school system is made.</li> </ul>				
4.5.4	Program staff assist families with meeting children's health needs when an IFSP or IEP is implemented.	<ul> <li>A current interagency agreement lists steps for staff and family involvement in development and implementation of IFSP and IEP, when these processes are needed.</li> <li>The family is actively involved and input sought throughout the process of the IFSP and IEP.</li> <li>Staff helps clarify terminology used in the process of IFSP and IEP development and implementation.</li> </ul>				

	INDICATOR		EVIDENCE		CONTINUUN	1	ACTION PLAN
				1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.5.5	Parents are involved in the health/safety aspects of the program.	•	Parent conferences with observations related to health/safety/nutritional needs of the child are shared with the family.  Notes are shared with families regarding daily health/safety/nutritional achievements or concerns.  Families are involved in defining the special dietary requirements of their child with a disability.  A family survey is used to obtain family feedback by program. Items included by not limited to are:  - Did the program provide you with notification of minor injuries or first aid that child received in program?  - Did the program discuss your child's eating, sleeping and toileting/diapering routines?  - Did the program seek information regarding your child's allergies and then follow up with a specific feeding/dietary program?  Program staff provide multiple learning opportunities for families regarding health/safety/nutritional topics to include but not limited to: guidance and discipline, alternatives to spanking, serving balanced meals, obesity control, ages and stages of children in sequential learning etc.				

#### 4. Health, Safety, and Nutrition

Standard 6: Appropriate nutritional practices are evident within program practice.

	INDICATOR	EVIDENCE		CONTINUUN	Л	ACTION PLAN	
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)	
4.6.1	The comprehensive needs of children are met through collaborative efforts with community health and social service agencies.	<ul> <li>Information regarding the quality of resources such as fluoridated water availability should be sought from local community agencies.</li> <li>Staff assists parents in coordinating interagency services.</li> <li>Staff receives appropriate training and information about available public and community services for families.</li> <li>100% of children's nutritional requirements are met through collaboration with other agencies, (e.g., WIC, community food programs) when necessary.</li> </ul>					
4.6.2	Nutrition is addressed as an integrated part of the daily curriculum.	<ul> <li>Activities include developmentally appropriate information about health foods and nutritious eating habits (e.g., food pyramid).</li> <li>Children help with preparation of meal/snack set up and clean up as appropriate for their developmental ages.</li> <li>Variety of foods are served to broaden food experience. Meals and/or snacks are nutritious and promote positive eating habits.</li> <li>Meals are served family style with adults eating with children during meals and snacks while encouraging conversation.</li> <li>Food is not used as a punishment or reward.</li> <li>Children experience a variety of age-appropriate written materials (e.g., picture directions, each child's name used in labels, recipe charts, etc.) relating to health and nutrition.</li> </ul>					

	INDICATOR	EVIDENCE		CONTINUUN	M.	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.6.3	Individual health/nutritional needs of children are taken into consideration daily.	<ul> <li>Infants are held by caregivers for feedings.</li> <li>The requirements for children's medically based diets are followed.</li> <li>Children are allowed sufficient time to complete routines such as eating, resting, napping, and toileting with consistency.</li> <li>Clean, sanitary drinking water is readily available throughout day.</li> <li>Arrangements are made for mothers who choose to breast feed during work hours.</li> <li>Special dietary requirements and/or feeding needs for each child with special needs are implemented.</li> </ul>				
4.6.4	Compliance with sanitation and safety laws is consistent and the results of sanitation and safety inspections are posted.	<ul> <li>Proper storage and handling of breast milk and formula occurs.</li> <li>Adults working with food have current Food Handler's license.</li> <li>Adults wear food handler's gloves during food preparation activities and/or adhere to strict procedures for frequent handwashing.</li> </ul>				
4.6.5	Families receive assistance with implementing and understanding good nutrition for their child.	<ul> <li>Information is made available to families about community resources and services related to nutrition and staff assist families in learning about these services.</li> <li>Staff and families work together to identify each child's nutritional needs, taking into account staff and family discussions concerning: nutrition related assessment data; information about family eating patterns including cultural preferences.</li> <li>Parent education activities include opportunities to assist individual families.</li> </ul>				

#### 4. Health, Safety, and Nutrition

Standard 7: Appropriate mental health practices are evident within program practice.

	INDICATOR	EVIDENCE		CONTINUUM	<b>A</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.7.1	Staff create nurturing and supportive environments for all children.	<ul> <li>Expectations match age and individual development and style of each child.</li> <li>Adults communicate with children at their eye level.</li> <li>Staff respond to needs of crying infants.</li> <li>Curriculum provides opportunities to support children's home culture and language while also developing all children's capabilities to participate in the shared culture of the program and the community.</li> </ul>				
4.7.2	Staff request information, observations and concerns about the child's developmental/social-emotional behavior levels from family.	<ul> <li>Developmental screening information is complete for all five developmental domains:         <ul> <li>Cognitive,</li> <li>Communication,</li> <li>Social/emotional,</li> <li>Motor and</li> <li>Self-help.</li> </ul> </li> <li>When asked, families indicate that the program provides opportunity for input of family and that the program appears interested in family priorities. For example:         <ul> <li>Program asks family what they think is important in raising their child.</li> <li>Program staff talks with family about fears in raising their child.</li> <li>Program staff encourages family to visit program anytime.</li> </ul> </li> <li>The family controls the amount and kind of information shared.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.7.3	Staff share observations of the child with the family by discussing and anticipating with parents about child's behavior and development.	<ul> <li>Family values are respected and the importance of the role of family is reflected in collaborative program planning and implementation for individual children and for the child as a part of the group. For example:         <ul> <li>Program staff are respectful of culture and expectations</li> <li>Program staff solicit parent's advice about child and</li> <li>Program staff provide feedback to family.</li> </ul> </li> <li>Caregivers provide feedback about child's physical and mental health.</li> <li>Caregivers and families mutually problem solve strategies to support child (e.g., separation/attachment).</li> </ul>				
4.7.4	Parents and staff discuss how to strengthen and nurture supportive environments in home and in the early childhood program.	<ul> <li>Parents are encouraged to join related service or classroom staff in the classroom to share special techniques and to facilitate home/school carryover of learning.</li> <li>Each family is given the opportunity to identify areas of family strengths, priorities and concerns.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	Л	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.7.5	Program staff plan for children's social/emotional needs prior to entry and exit of program.	<ul> <li>There is a process established for children to phase into the program in small groups and/or shorter periods of time at the beginning of the school year, for gradual introduction to routines and materials.</li> <li>Parents have the opportunity to meet with staff to share concerns, strengths and needs of their child before transitioning into a new setting.</li> <li>Staff scheduling patterns permit teachers to follow children through their early care and education experience instead of having children changing rooms with different teachers (i.e., teachers change to follow children).</li> <li>Staff make curriculum accommodation for new children during the adjustment period.</li> <li>Staff prepare children with significant disabilities as well as peers in classroom prior to entry. For example, a child's bedtime routine at home is gradually moved back to allow for early rising. Also, peers can be introduced to child through pictures, stories, etc.</li> </ul>				
4.7.6	Staff design and implement program practices that are responsive to the needs of the individual child and groups of children.	<ul> <li>Use of wall space reflects inclusion of individual children and families in order to encourage a sense of belonging and trust.</li> <li>Organized displays of children's artwork and project materials are exhibited at a level where all children can easily view those materials.</li> <li>An awareness of diversity among individuals in terms of culture, race, family structure and job roles is reflected in materials such as posters or pictures.</li> <li>All furniture used by (preschool) children is child-sized</li> <li>Each child has a labeled space to hang his/her coat.</li> <li>The day includes a balance of: active play, quiet play, group play, individual activities, and indoor and outdoor experiences.</li> <li>Child is secure in knowing what is coming next.</li> <li>No long waiting periods between activities.</li> <li>No prolonged periods during which children sit or stand.</li> </ul>				

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	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.7.7	Program staff provide special help for each child's individual needs.  Staff demonstrate knowledge of risks in the	<ul> <li>Staff and children are educated on the special needs of children with disabilities.</li> <li>Adaptations are made for children's individual needs such as:         <ul> <li>Adapted seating for children with special needs such as high or low muscle tone or orthopedic conditions.</li> <li>Tables with sufficient low shelves so learning materials stored are uncluttered and can be reached by all children.</li> <li>Tables in centers adapted to accommodate wheelchairs and or other orthopedic devices as needed.</li> <li>Sand and water tables adapted to accommodate wheelchair and/or other orthopedic devices.</li> </ul> </li> <li>Staff use calming strategies and attention focusing techniques to facilitate each child's success.</li> <li>Staff demonstrate awareness of domestic violence,</li> </ul>		TAGGLISS		
	lives of children under stress.	<ul> <li>substance abuse, child abuse and neglect.</li> <li>Staff receive training in identification and response to child abuse and neglect.</li> <li>Staff identify and discuss with parents appropriate responses to children behaviors that may or may not be indicators of possible abuse or neglect.</li> </ul>				
4.7.9	Staff use community mental health resources.	<ul> <li>A mental health professional is available for consultation.</li> <li>Parents are encouraged to recognize natural support systems that may exist, such as family, friends, church, and/or support groups.</li> <li>Staff demonstrate knowledge of postpartum treatment resources for families.</li> <li>Families are linked to other community resources with topical interests, as available.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUM		ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
4.7.10 Staff promote child mental wellness by providing group and individual staff/parent education focusing on child development and mental health.	<ul> <li>Parents are encouraged to meet with other parents individually and in groups to share experiences, concerns and supports.</li> <li>Parent education opportunities are available throughout the year that includes child development and other topics of interests to parents.</li> <li>Staff recognize mental health issues and support parent participation in mental health intervention and resources.</li> </ul>				

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#### **GLOSSARY**

Curriculum outcomes for infants, toddlers and preschoolers: Curriculum is planned for infant/ toddlers which is comprehensive with developmental and learning outcomes it: promotes experiences that lead to documented evidence that infants and toddlers are learning about themselves and others, communicating their needs to responsive adults, gaining understanding of basic concepts and developing motor and coordination skills appropriate for their ages. Outcomes also include evidence that each child is developing a sense of trust, security, and increasingly independence. Incorporate children's relationships with their caregivers and routines (e.g., sleeping, diapering/toileting) as opportunities for learning, as well as through experiences in which children play with objects, their caregivers, and (increasingly) each other. Provides a context in which teachers use their knowledge about each child to plan opportunities for learning across domains—physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge. Curriculum is planned for preschoolers which is comprehensive with developmentally and learning outcomes- it: Promotes experiences that lead to documented evidence that preschoolers are acquiring and applying knowledge and skills in physical well-being and motor development; social and emotional development, approaches to learning; language development; and cognition and general knowledge. Children demonstrate positive attitudes toward learning and their increasing abilities to represent their experiences in a variety of ways (e.g., through drawing/painting, dictating/writing, and dramatic play.) Facilitates children's learning through individual and small and large groups experiences that promote physical well being and motor development; approaches to learning; language development; and cognition and general knowledge. Provides a context in which children learn through meaningful everyday experiences, including play. Within this context, various academic disciplines are addressed—including mathematics, oral language development (including second language development, when appropriate) literacy, science, social studies and the arts.

Teacher includes any adults in the classroom who interact with children at any age.

Families include parents and any other adults who guide, take care, and have custodial responsibilities of children.

Related service personnel includes all adults who work with children with special needs in any capacity.

#### 5. Family and Community Involvement

#### **Rationale:**

The most important influence on children derives from the ongoing presence of their families. Therefore, family involvement and support is an integral component of quality early childhood programs. Family involvement improves the program for the child, benefits the staff and program implementation, and enhances parenting skills. Support for families impacts the ongoing involvement in their child's education and recognizes that parenting is a developmental process. Assistance is provided to families thorough resources and information recognizing all families as having the primary responsibility for their child's growth and development. Today's families are diverse. The program embraces diversity with acceptance, awareness of differing values, structures, needs, and aspirations.

#### 5. Family and Community Involvement

Standard 1: Family diversity is respected and incorporated into program activities, goals and evaluation.

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.1.1	Respect for family values and the role of the family is reflected in collaborative program planning and implementation for individual children and as part of the group.	<ul> <li>Professionals fully and appropriately provide relevant information so parents can make informed choices and decisions.</li> <li>Written program handbooks are given to families of enrolled children. Handbook Policies included but not limited to: program access information; confidentiality explanations; supports, and resources to incorporate family beliefs and values into decisions, program plans, resources and supports.</li> <li>Staff communicates with families about the daily happenings in the lives of individual children (e.g., personal contact, notes, phone conversations, and newsletters).</li> <li>Families are provided a variety of opportunities for program participation (e.g., direct involvement in classroom, presentations for the class, parent/child time, trainings, make activities at home using promotions like sign up calendars, telephone calls, etc.).</li> <li>Program has a written plan for family involvement, with minimum of four family involvement activities planned annually.</li> <li>The program handbook, opportunities for program involvement, and the written plan for family involvement were jointly developed by families and professionals.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.1.2 The varied backgrounds of families are respecte and considered in program planning ar daily routines.	<ul> <li>Photographs of the families of enrolled children are displayed (e.g., families representing various cultural and ethnic backgrounds).</li> <li>Family values are reflected in program planning by respecting holiday celebrations, cultural beliefs, restrictions of food, or other activities which affect class function.</li> <li>Families are encouraged to volunteer in the program to increase staff understanding of a child's culture and home routines.</li> <li>Program practice, supports, and resources are responsive to the cultural, ethnic, racial, language, and socioeconomic characteristics and preferences of families and their communities.</li> <li>Communication is written clearly and in the language that the family understands.</li> <li>Teachers/caregivers model standard English, but accept the home language of the child to encourage communication.</li> </ul>				
5.1.3 Families assess program effectivener and family satisfaction in an ongoing basis.					

#### 5. Family and Community Involvement

Standard 2: Children and families' unique needs are appreciated and reflected through relationships/interactions between the school and community.

INDICATOR	EVIDENCE		CONTINUUM	[	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULL Y MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.2.1 Education and training opportunities are made available to parents.	<ul> <li>There is a process for orienting new children and parents to the program.</li> <li>Parents are invited to participate in trainings with staff (e.g., CPR/First Aid, techniques for working with children with and without disabilities.)</li> <li>A parent resource library is available during scheduled hours convenient for parents use.</li> <li>Opportunities are provided for parents to further develop their skills as their child's principal educator. (e.g., local parent training, regional learning opportunities, volunteering with guidance in classroom).</li> <li>Parent input and expertise is used in planning/presenting local parent training topics (e.g., need surveys including child development topics, joint presentations, advisory board members)</li> <li>Supports are provided for family participation in meetings and trainings (e.g., transportation, child care, attendance incentives).</li> <li>Parents are encouraged to assume responsibility for planning and organizing parent or class functions with assistance from staff as needed.</li> <li>Parents are encouraged to meet with other parents individually and in groups to share experiences, concerns, and to gain support.</li> <li>The program provides or has partnerships with Adult Education Programs for families of enrolled children, and families are encouraged to utilize such programs as appropriate (e.g., literacy, vocational training, parenting skills, and parent-child activity time).</li> <li>Opportunities are provided to join with parents and/or staff from other programs for transition activities or training to inform parents and staff about the next setting for the child</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	<b>M</b>	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.2.2	Staff locate, obtain, and use community resources to address the priorities identified by the family.	<ul> <li>Resources and supports are individualized to the child's and families needs and preferences.</li> <li>Programs encourage parents to identify natural support systems that may exist, such as family, friends, church, and/or support groups and link with supplemental services as appropriate.</li> <li>Written, up-to-date information about community resources is available to staff and families.</li> <li>Staff provides follow-up with families and agencies to assure referral completion, family needs are met and partnership goals accomplished.</li> <li>A specific staff person is assigned or employed to assist families to meet their needs, e.g., linking a family with resources.</li> <li>The program partners with other agencies to assist families in locating services, translators, and translations in the families preferred languages.</li> </ul>				

INDICATOR	EVIDENCE		CONTINUUM	M.	ACTION PLAN
		1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.2.3 Smooth transitions to and from the program or classroom are planned to assist the child's and the families as they adjust to new environments.	<ul> <li>The program has a written procedure to guide transition planning with clearly defined timelines and responsibilities and/or participates in the current local interagency transition agreement with roles and responsibilities delineated.</li> <li>Program participates in the local transition agreement process and utilizes consistent procedures and forms.</li> <li>Transition goals for the child are specified in the child's IFSP/IEP.</li> <li>Program staff provides information to families about transition process steps and the importance of giving permission at each step (e.g., for children under 3 - Permission for Transition Conference, permission to initiate referral to local school district).</li> <li>Before transition to another program setting, the child's assessment, health, attendance, and progress records are transferred to the receiving program.</li> <li>Before transition to another program setting, all children and parents have the opportunity to visit the receiving classroom and meet teachers or clinicians.</li> <li>Staff individualize supports to the child and family during the adjustment period before and after transition to a new setting.</li> <li>Program participates in an interagency effort to assess the quality of the transition process and family satisfaction with the process.</li> <li>Homeless and Migrant families receive additional assistance and supports in locating services at their next destination.</li> <li>Families are assisted in planning long term educational or life goals.</li> </ul>				

#### 5. Family and Community Involvement

Standard 3: Family priorities are identified and are integrated into program and service delivery.

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.3.1	Families are provided opportunities to interact and communicate with program staff.	<ul> <li>Parents are asked about preferred locations for parent/teacher meetings (e.g., home, parent's workplace, local restaurant, early childhood program location).</li> <li>Teachers use home visits as one way to give and receive information. Home visits are completed:         <ul> <li>at a time of day convenient for the family,</li> <li>with topics planned in advance that reflect family concerns with flexibility to address additional issues,</li> <li>that address child outcomes and offer opportunities during the visit for the parent and child to work together on program related activities and</li> <li>that is followed with a visit summary (e.g., brief narrative, necessary follow-up, materials left with parent).</li> </ul> </li> <li>Teachers use periodically scheduled parent conferences as one way to give and receive information. Parent conferences are:         <ul> <li>at times convenient for the family,</li> <li>are planned in advance and address family and child concerns with flexibility to address additional issues that arise during the conference.</li> <li>Are followed by a summary (e.g., with meeting outcomes, needed follow-up, materials left with parent) and a copy of the summary is available for the parent.</li> </ul> </li> <li>All information gained during the home visit or conference is regarded as completely confidential by staff and used to support efforts with the child.</li> </ul>				

	INDICATOR	EVIDENCE		CONTINUUM	1	ACTION PLAN
			1 NOT MET	2 IN PROCESS	3 FULLY MET	(Any indicator that has not been fully met (3) should have an accompanying Action Plan)
5.3.2	Each family is given the opportunity to identify areas of family strengths, priorities and concerns.	<ul> <li>Home visits and/or parent teacher conferences are used to assess family strengths, priorities, and concerns through conversation and use of tools such as inventories, needs assessments or checklists.</li> <li>The family controls the extent of information shared and has the opportunity to update this inventory as circumstances change and new needs arise.</li> <li>Program staff share child observations with family, and family prioritizes concerns about their child's growth and development.</li> <li>Identification of family strengths, priorities and concerns and child's growth and development are used in program planning for individual families and children (e.g., partnership agreement with family, IFSP/IEP for child).</li> <li>Program staff support family in implementation of family goals through resource identification, referrals, etc.</li> </ul>				
5.3.3	Families of children with disabilities are informed of all available program options, of family rights and responsibilities as described in the law.	<ul> <li>Families and staff have shared opportunities to learn about state and federal regulations regarding services for children with special needs, such as         <ul> <li>Family Transition Guides,</li> <li>Joint training sessions,</li> <li>Videotapes,</li> <li>Program or explanatory brochures.</li> </ul> </li> <li>The program staff periodically provides the parents of children with disabilities with a written description of parents rights, and assists the family in understanding of contents.</li> <li>There is a written procedures for family/program mediation when differences occur.</li> </ul>				